

1.) CORPORATION NAME:

AES A PROFESSIONAL CORPORATION

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VERNON M GEDDY III
1177 JAMESTOWN RD
WILLIAMSBURG, VA**

SCC ID NO: **02068039**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WILLIAMSBURG CITY (FILED IN JAMES CITY COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5248 OLDE TOWNE RD STE 1

CITY/ST/ZIP: WILLIAMSBURG, VA 23188

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	RICHARD A COSTELLO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5248 OLDE TOWNE RD		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		
NAME:	ROBERT D. MANN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1317 EXECUTIVE BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 150 CHESAPEAKE, VA 23320		
NAME:	G ARCHER MARSTON III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5248 OLDE TOWNE RD STE 1		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		
NAME:	PAMELA D. CALLIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5248 OLDE TOWNE ROAD		
CITY/ST/ZIP/CO:	SUITE 1 WILLIAMSBURG, VA 23188		
NAME:	LARRY G. KIRK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5248 OLDE TOWNE ROAD		
CITY/ST/ZIP/CO:	SUITE 1 WILLIAMSBURG, VA 23188		
NAME:	DONALD G. JAMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6421 CANON WAY		
CITY/ST/ZIP/CO:	GLOUCESTER, VA 23061		

NAME: Jason A Grimes TITLE: DIRECTOR ADDRESS: 5248 Olde Towne Road, Suite 1 CITY/ST/ZIP/CO: Williamsburg, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jason M Noah TITLE: DIRECTOR ADDRESS: 5248 Olde Towne Road, Suite 1 CITY/ST/ZIP/CO: Williamsburg, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Gavin R Robey TITLE: DIRECTOR ADDRESS: 614 Moorefield Park Drive CITY/ST/ZIP/CO: Richmond, VA 23236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Howard W Price TITLE: DIRECTOR ADDRESS: 5248 Olde Towne Road Suite 1 CITY/ST/ZIP/CO: Williamsburg, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert E Cosby, III TITLE: DIRECTOR ADDRESS: 5248 Olde Towne Road Suite 1 CITY/ST/ZIP/CO: Williamsburg, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ PAMELA D. CALLIS	PAMELA D. CALLIS, SECRETARY	6/25/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		