

1.) CORPORATION NAME:

AES DEEPWATER, INC.

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

SCC ID NO: **F0444721**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
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| COMMON | 1,000 |

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4300 WILSON BLVD

CITY/ST/ZIP: ARLINGTON, VA 22203-

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: | TOMMY SMITH | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 4300 WILSON BOULEVARD | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203- | | |
| NAME: | BILL POGUE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 4300 WILSON BLVD | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203- | | |
| NAME: | THAM NGUYEN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 4300 WILSON BLVD. | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203- | | |
| NAME: | LEITH MANN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 4300 WILSON BLVD | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203- | | |
| NAME: | ALISON ZIMLICH | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 4300 WILSON BLVD | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203- | | |

| | | |
|--|----------------------------------|--|
| NAME: BILL BROD TITLE: DIRECTOR ADDRESS: 4300 WILSON BOULEVARD CITY/ST/ZIP/CO: ARLINGTON, VA 22203- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| | | |
|---|----------------------------------|--|
| NAME: PETE CONVERY TITLE: DIRECTOR ADDRESS: 4300 WILSON BOULEVARD CITY/ST/ZIP/CO: ARLINGTON, VA 22203- | <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.

| | | |
|---|-----------------------------------|------------------|
| <u>/s/ LEITH MANN</u> | <u>LEITH MANN, ASST SECRETARY</u> | <u>2/23/2012</u> |
| 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.