

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214518352

1.) CORPORATION NAME:

**AES Coral, Inc.**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1472697**

**RICHMOND, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 10         |

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: BRIAN CHATLOSH  
TITLE: PRESIDENT  
ADDRESS: 4300 WILSON BLVD  
CITY/ST/ZIP/CO: ARLINGTON, VA 22203

OFFICER  DIRECTOR

NAME: EDWARD CAHILL  
TITLE: VICE PRESIDENT  
ADDRESS: 4300 WILSON BLVD  
CITY/ST/ZIP/CO: ARLINGTON, VA 22203

OFFICER  DIRECTOR

NAME: JODI FROST  
TITLE: VP/DIR  
ADDRESS: 4300 WILSON BLVD  
CITY/ST/ZIP/CO: ARLINGTON, VA 22203

OFFICER  DIRECTOR

NAME: LAWRENCE HIRSH  
TITLE: TREASURER  
ADDRESS: 4300 WILSON BLVD  
CITY/ST/ZIP/CO: ARLINGTON, VA 22203

OFFICER  DIRECTOR

NAME: MEGAN CAMPBELL  
TITLE: SECRETARY  
ADDRESS: 4300 WILSON BLVD  
CITY/ST/ZIP/CO: ARLINGTON, VA 22203

OFFICER  DIRECTOR

NAME: LEITH MANN  
TITLE: ASST SECRETARY  
ADDRESS: 4300 WILSON BLVD  
CITY/ST/ZIP/CO: ARLINGTON, VA 22203

OFFICER  DIRECTOR

|                 |                     |                                             |                                   |
|-----------------|---------------------|---------------------------------------------|-----------------------------------|
| NAME:           | KENT MORTON         | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT      |                                             |                                   |
| ADDRESS:        | 4300 WILSON BLVD    |                                             |                                   |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203 |                                             |                                   |

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/ MEGAN CAMPBELL                                  | MEGAN CAMPBELL, SECRETARY        | 4/7/2014 |
| 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.