

1.) CORPORATION NAME: AES William Holding, 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: F1509167				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10
CLASS	AUTHORIZED				
COMMON	10				
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: MEGAN CAMPBELL TITLE: SECRETARY ADDRESS: 4300 WILSON BLVD CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
--------------------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------	--

NAME: EDWARD CAHILL TITLE: VP/DIR ADDRESS: 4300 WILSON BLVD CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
----------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: LAWRENCE HIRSH TITLE: TREASURER ADDRESS: 4300 WILSON BLVD CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
--------------------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------	--

NAME: JODI FROST TITLE: DIRECTOR ADDRESS: 4300 WILSON BLVD 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.

/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.