

1.) CORPORATION NAME:

AES CAESS DISTRIBUTION, INC.

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F1677337**

RICHMOND, VA 23219

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:	FERNANDO PUJALS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ALICIA MOREAU DE JUSTO 2DO PISO		
CITY/ST/ZIP/CO:	BUENOS AIRES, 1007, AR		

NAME:	ABRAHAM BICHARA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	FINAL 29 AVE NTE Y CALLE EL BAMBU		
CITY/ST/ZIP/CO:	SAN SALVADOR, , SV		

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

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

NAME:	MEGAN CAMPBELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4300 WILSON BLVD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME: GREGORIO TREJO TITLE: DIRECTOR ADDRESS: FINAL 29 AVE NTE Y CALLE EL BAMBU CITY/ST/ZIP/CO: SAN SALVADOR, , SV	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ABRAHAM BICHARA TITLE: DIRECTOR ADDRESS: FINAL 29 AVE NTE Y CALLE EL BAMBU CITY/ST/ZIP/CO: SAN SALVADOR, , SV	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARCO DE LAROSA TITLE: DIRECTOR ADDRESS: AV. WINSTON CHURCHILL 1099 CITY/ST/ZIP/CO: SANTO DOMINGO, , DO	<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/ LEITH MANN	LEITH MANN, ASST SECRETARY	8/8/2012
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.		