

1.) CORPORATION NAME:

**AES CAESS DISTRIBUTION, INC.**

DUE DATE: **3/31/2013**

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 BUENOS AIRES,1007,ARGENTINA		
CITY/ST/ZIP/CO:	, , FN		
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 SAN SALVADOR,EL SALVADOR		
CITY/ST/ZIP/CO:	, , FN		
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:	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:	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:	ABRAHAM BICHARA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	FINAL 29 AVE NTE Y CALLE EL BAMBU SAN SALVADOR,EL SALVADOR		
CITY/ST/ZIP/CO:	, , FN		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARCO DE LAROSA DIRECTOR AV. WINSTON CHURCHILL 1099 SANTO DOMINGO, DOMINICAN REPUBLIC , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORIO TREJO DIRECTOR 4300 WILSON BLVD ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORIO TREJO DIRECTOR FINAL 29 AVE NTE Y CALLE EL BAMBU SAN SALVADOR, EL SALVADOR , , FN	<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	2/1/2013	
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.			