

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **818379** (0)

1. Corporation Name

MOBIL PHOSPHATE MINERALS INC.



Principal Place of Business

Mailing Address

ATLEE/ELMONT INTERCHANGE
I-95, STATE RD. 782
ASHLAND VA 23005
US

1201 ELM STR
ATTN: TAX ADMIN DEPT
DALLAS TX 75270-2014
US

3. Date Incorporated or Qualified
12/28/1964

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

22037

30

4. FEI Number
13-6170457

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MERRELL, F.M.	
STREET ADDRESS	96 LAKERIDGE PARKWAY	
CITY - ST - ZIP	ASHLAND VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRADY, W J	
STREET ADDRESS	96 LAKERIDGE PARKWAY	
CITY - ST - ZIP	ASHLAND VA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEVENSON, P.A.	
STREET ADDRESS	3225 GALLOWES RD	
CITY - ST - ZIP	FAIRFAX VA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BOOK, R.L.	
STREET ADDRESS	1201 ELM STREET	
CITY - ST - ZIP	DALLAS TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GARNEY, G.G.	
STREET ADDRESS	3225 GALLOWES RD	
CITY - ST - ZIP	FAIRFAX VA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	OLSON, C.T.	
STREET ADDRESS	1201 ELM STREET	
CITY - ST - ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD BRADY, W.J.
2.3 STREET ADDRESS	96 LAKERIDGE PARKWAY
2.4 CITY - ST - ZIP	ASHLAND VA 23005
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS ALLEN, J.T.
4.3 STREET ADDRESS	96 LAKERIDGE PARKWAY
4.4 CITY - ST - ZIP	ASHLAND VA 23005
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS LANFERMAN, W.R.
6.3 STREET ADDRESS	96 LAKERIDGE PARKWAY
6.4 CITY - ST - ZIP	ASHLAND VA 23005

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

G.G. Garney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.G. GARNEY ASSISTANT SECRETARY

4/18/96

(703) 846-3900

Date

Daytime Phone #

CR2E034 (12/95)