

-FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 96 LAKERIDGE PARKWAY		26 3225 GALLOW'S ROAD		12/28/1964	05/01/1996
22 Suite, Apt. #, etc.		27 STATE TAX DEPARTMENT		4. FEI Number	Applied For
23 ASHLAND, VA		28 FAIRFAX, VA		13-6170457	Not Applicable
24 23005		29 22037		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Country		Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE HALL CORPORATION SYSTEM INC.				81 Name			
1201 HAYS STREET, SUITE 105				82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE, FL 32301				83 900002176729			
				84 05/13/97-01067-0375 Zip Code			
				***165.00 FL 05			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P/D THOMAS, D. W.
STREET ADDRESS		1.3 STREET ADDRESS	3225 GALLOW'S ROAD
CITY, ST, ZIP		1.4 CITY, ST, ZIP	FAIRFAX, VA 22037
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	V/D TRENT, J. M.
STREET ADDRESS		2.3 STREET ADDRESS	3225 GALLOW'S ROAD
CITY, ST, ZIP		2.4 CITY, ST, ZIP	FAIRFAX, VA 22037
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	T SARNOWSKI, J. A.
STREET ADDRESS		3.3 STREET ADDRESS	3225 GALLOW'S ROAD
CITY, ST, ZIP		3.4 CITY, ST, ZIP	FAIRFAX, VA 22037
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	S STEVENSON, P. A.
STREET ADDRESS		4.3 STREET ADDRESS	3225 GALLOW'S ROAD
CITY, ST, ZIP		4.4 CITY, ST, ZIP	FAIRFAX, VA 22037
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	C RUFF, C. D.
STREET ADDRESS		5.3 STREET ADDRESS	3225 GALLOW'S ROAD
CITY, ST, ZIP		5.4 CITY, ST, ZIP	FAIRFAX, VA 22037
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	AC LOPEZ, S. A.
STREET ADDRESS		6.3 STREET ADDRESS	3225 GALLOW'S ROAD
CITY, ST, ZIP		6.4 CITY, ST, ZIP	FAIRFAX, VA 22037

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: **S. A. Lopez** *[Signature]* **Assistant Controller** **4/23/97** **(703) 846-1438**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)