

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

FILED

**May 14 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 818379 (0)

1. Corporation Name
MOBIL PHOSPHATE MINERALS INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 86 LAKERIDGE PARKWAY ASHLAND VA 23005 US	Mailing Address 3225 GALLOWS ROAD STATE TAX DEPT. FAIRFAX VA 22037 US
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3. Date Incorporated or Qualified 12/28/1964	
4. FEI Number 13-6170457	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS STREET SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, D.W.	1.2 NAME	
STREET ADDRESS	3225 GALLOWS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRENTS, J.M.	2.2 NAME	TRENT, J. M.
STREET ADDRESS	3225 GALLOWS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, P.A.	3.2 NAME	
STREET ADDRESS	3225 GALLOWS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARNOWSKI, J.A.	4.2 NAME	
STREET ADDRESS	3225 GALLOWS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFF, C.D.	5.2 NAME	CD
STREET ADDRESS	3225 GALLOWS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	5.4 CITY-ST-ZIP	
TITLE	AC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, S.A.	6.2 NAME	
STREET ADDRESS	3225 GALLOWS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	6.4 CITY-ST-ZIP	

14. I 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 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 _____ DATE _____
Assistant

CR2E034 (10/97)