

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90098 027 ***150.00

DOCUMENT # 818379

1. Entity Name

MOBIL PHOSPHATE MINERALS INC.

Principal Place of Business

Mailing Address

96 LAKERIDGE PARKWAY
 ASHLAND VA 23005
 US

3225 GALLOWES ROAD
 STATE TAX DEPT.
 FAIRFAX VA 22037-0001
 US

2. Principal Place of Business

3. Mailing Address

800 Bell Street

Suite, Apt. #, etc.

State Tax Dept

City & State

Houston, TX

4. FEI Number

13-6170457

Applied For

Not Applicable

Zip

Country

Zip

Country

77002

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MULLINS, M	
STREET ADDRESS	3225 GALLOWES ROAD	
CITY-ST-ZIP	FAIRFAX VA 22037	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TRENT, J M	
STREET ADDRESS	3225 GALLOWES ROAD	
CITY-ST-ZIP	FAIRFAX VA 22037	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEVENSON, P.A.	
STREET ADDRESS	3225 GALLOWES RD	
CITY-ST-ZIP	FAIRFAX VA 22037	
TITLE	T	<input type="checkbox"/> Delete
NAME	SARNOWSKI, J.A.	
STREET ADDRESS	3225 GALLOWES RD	
CITY-ST-ZIP	FAIRFAX VA 22037	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RUFF, C.D.	
STREET ADDRESS	3225 GALLOWES RD	
CITY-ST-ZIP	FAIRFAX VA 22037	
TITLE	AC	<input type="checkbox"/> Delete
NAME	LOPEZ, S.A.	
STREET ADDRESS	3225 GALLOWES RD	
CITY-ST-ZIP	FAIRFAX VA 22037	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 Bell Street	
CITY-ST-ZIP	Houston, TX 77002	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.A. Lopez, Asst. Controller, 04-10-00

Date

(713) 656-1807

Daytime Phone #

CR2E034 (9/99)