

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **842211 (5)**
1. Corporation Name
MOBIL OIL EXPLORATION & PRODUCING SOUTHEAST, INC



Principal Place of Business: **1250 POYDRAS PLAZA, P.O. BOX 900, NEW ORLEANS LA 70113 US**
Mailing Address: **1201 ELM ST, PO BOX 900, DALLAS TX 75270-014 US**

3. Date Incorporated or Qualified: **12/22/1978**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 3225 Gallows Road**
22. Suite, Apt. #, etc.: **22 STATE TAX DEPT**
23. City & State: **23 FAIRFAX VA**
24. Zip: **24 22037**
25. Country: **25**
26. Mailing Address: **26 3225 Gallows Road**
27. Suite, Apt. #, etc.: **27 STATE TAX DEPT**
28. City & State: **28 FAIRFAX VA**
29. Zip: **29 22037**
30. Country: **30**
4. FEI Number: **75-1622493**
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: **THE PRENTICE HALL CORPORATION SYSTEM, INC, 110 NORTH MAGNOLIA STREET, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: P. A. STEVENSON		1.2 NAME	
STREET ADDRESS: 3225 GALLOWES ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP: FAIRFAX VA		1.4 CITY-ST-ZIP	
TITLE: P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: WHITE, R. W.		2.2 NAME	
STREET ADDRESS: 3000 PEGASUS PARK DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP: DALLAS TX		2.4 CITY-ST-ZIP	
TITLE: AS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BOOK, R. L.		3.2 NAME	
STREET ADDRESS: 1201 ELM STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP: DALLAS TX		3.4 CITY-ST-ZIP	
TITLE: AS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: OLSON, C.T.		4.2 NAME	
STREET ADDRESS: 1201 ELM STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP: DALLAS TX		4.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ACORD, H.K.		5.2 NAME	
STREET ADDRESS: 3225 GALLOWES ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP: FAIRFAX VA		5.4 CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GROVES, H.K.		6.2 NAME	
STREET ADDRESS: 3225 GALLOWES RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP: FAIRFAX VA		6.4 CITY-ST-ZIP	

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 or on an attachment with an address

SIGNATURE: **G. G. GARNEY ASST. SECRETARY** 4/18/96 (703) 846-3900
DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)