

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 842211 (5)**  
 1. Corporation Name  
**MOBIL OIL EXPLORATION & PRODUCING SOUTHEAST, INC.**

Principal Place of Business	Mailing Address
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2. Principal Place of Business	2a. Mailing Address
21 <b>1250 POYDRAS PLAZA</b>	26 <b>3225 GALLONS ROAD</b>
22 <b>P.O. BOX 900</b>	27 <b>STATE TAX DEPARTMENT</b>
23 <b>NEW ORLEANS, LA</b>	28 <b>FAIRFAX, VA</b>
24 <b>70113</b>	29 <b>22037</b>

3. Date Incorporated or Qualified <b>12/22/1978</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>75-1622493</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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

**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)  
**500002176715**  
**-05/13/97--01067--034**  
 84 City **\*\*\*165.00** **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 \_\_\_\_\_ (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	<b>C/D ALLSTADT, L. W.</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>3225 GALLONS ROAD</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>FAIRFAX, VA 22037</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>P/D YEAGER, J. M.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>3033 IRVING BLVD</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>DALLAS, TX 75247</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>T WATSON W. S. JR.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>3033 IRVING BLVD</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>DALLAS, TX 75247</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>S STEVENSON, P. A.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>3225 GALLONS ROAD</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>FAIRFAX, VA 22037</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>C TAYLOR, D. F.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>3033 IRVING BLVD</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>DALLAS, TX 75247</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>AC LOPEZ, S. A.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>3225 GALLONS ROAD</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>FAIRFAX, VA 22037</b>

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 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: **S. A. LOPEZ:** *[Signature]* **Assistant Controller** **4/23/97** **(703) 846-1438**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)