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Apr 15, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 842211

1. Corporation Name
MOBIL OIL EXPLORATION & PRODUCING SOUTHEAST, INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1250 POYDRAS PLAZA
 P.O. BOX 900
 NEW ORLEANS LA 70113
 US

Mailing Address
 3225 GALLOWES ROAD
 STATE TAX DEPT.
 FAIRFAX VA 22037
 US

3. Date Incorporated or Qualified
12/22/1978

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 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 **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

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	ALLSTADT, L.W.	
STREET ADDRESS	3225 GALLOWES ROAD	
CITY-ST-ZIP	FAIRFAX VA 22037	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YEAGER, J.M.	
STREET ADDRESS	3033 IRVING BLVD	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, W.S. JR	
STREET ADDRESS	3033 IRVING BLVD	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEVENSON, P.A.	
STREET ADDRESS	3225 GALLOWES ROAD	
CITY-ST-ZIP	FAIRFAX VA 22037	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, D.F.	
STREET ADDRESS	3033 IRVING BLVD	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	AC	<input type="checkbox"/> DELETE
NAME	LOPEZ, S.A.	
STREET ADDRESS	3225 GALLOWES RD.	
CITY-ST-ZIP	FAIRFAX VA 22037	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D.N. WILLIS	
1.3 STREET ADDRESS	1250 POYDRAS PLAZA	
1.4 CITY-ST-ZIP	NEW ORLEANS, LA 70113	
2.1 TITLE	CHAIRMAN/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	M.O. STRODE	
3.3 STREET ADDRESS	3033 IRVING BLVD.	
3.4 CITY-ST-ZIP	DALLAS, TX 75247	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	M.J. YEO	
5.3 STREET ADDRESS	3033 IRVING BLVD.	
5.4 CITY-ST-ZIP	DALLAS, TX 75247	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* **Assistant Controller** 4/8/99 703-846-1438
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)