

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90079 029 ***150.00

DOCUMENT # 842211

1. Entity 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 3225 GALLOWS ROAD STATE TAX DEPT. FAIRFAX VA 22037-0001 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 800 Bell Street Suite, Apt. #, etc. STATE TAX DEPT.	
City & State		City & State Houston, TX	
Zip	Country	Zip	Country
		77002	US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIS, D N 1250 POYDRAS PLAZA NEW ORLEANS FL 70113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD YEAGER, J.M. 3033 IRVING BLVD DALLAS TX 75247 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/PID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRODE, M O 3033 IRVING BLVD DALLAS TX 75247 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEVENSON, P.A. 3225 GALLOWS ROAD FAIRFAX VA 22037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C YEO, M J 3033 IRVING BLVD DALLAS TX 75247 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller Gonzalez, C. G. 3033 Irving Blvd Dallas, TX 75247 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC LOPEZ, S.A. 3225 GALLOWS RD. FAIRFAX VA 22037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 Bell Street Houston, TX 77002 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: S. A. Lopez **S. A. Lopez, Asst. Controller, 04-10-00** (713) 656-1807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)