

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 # **F94000003968 (4)**

1. Corporation Name

MOBIL EXPLORATION AND PRODUCING NORTH AMERICA IN C.



Principal Place of Business

Mailing Address

3000 PEGASUS PARK DRIVE
DALLAS TX 75247
US

ATTN: TAX ADMIN. DEPT.
1201 ELM STREET
DALLAS TX 75270
US

3. Date Incorporated or Qualified **07/29/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

22

27

Zip

Country

Zip

Country

23

28

24

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29

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USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOENMANS, P J	
STREET ADDRESS	3225 GALLOWES RD.	
CITY - ST - ZIP	FAIRFAX VA 22037	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GROVES, H K	
STREET ADDRESS	3225 GALLOWES RD.	
CITY - ST - ZIP	FAIRFAX VA 22037	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PIONTEK, W S	
STREET ADDRESS	3225 GALLOWES RD.	
CITY - ST - ZIP	FAIRFAX VA 22037	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROHLOFF, R J	
STREET ADDRESS	3225 GALLOWES RD.	
CITY - ST - ZIP	FAIRFAX VA 22037	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GARDNER, R H	
STREET ADDRESS	3225 GALLOWES RD.	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T ARNHEIM, W. R.
5.3 STREET ADDRESS	3225 GALLOWES ROAD
5.4 CITY - ST - ZIP	FAIRFAX VA 22037
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 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 if changed, or in an attachment with an address.

SIGNATURE:

C.T. Olson

Assistant Secretary

4-17-96 (703) 846-1070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)