

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003968 (4)
 1. Corporation Name: **MOBIL EXPLORATION AND PRODUCING NORTH AMERICA IN C.**



Principal Place of Business 3225 GALLOWES ROAD FAIRFAX VA 22037 US	Mailing Address 3225 GALLOWES ROAD STATE TAX DEPT. FAIRFAX VA 22037 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/29/1994
4. FEI Number 95-1278820
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 ST.
 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
 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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLSTADT, L.W. J	1.2 NAME	
STREET ADDRESS	3225 GALLOWES RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEAGER, J.M.	2.2 NAME	
STREET ADDRESS	3033 IRVING BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75247	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMSTOCK, S.C.	3.2 NAME	
STREET ADDRESS	3225 GALLOWES RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, W.S. JR	4.2 NAME	
STREET ADDRESS	3033 IRVING BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75247	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, P.A.	5.2 NAME	
STREET ADDRESS	3225 GALLOWES RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	5.4 CITY-ST-ZIP	
TITLE	AC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, S.A.	6.2 NAME	
STREET ADDRESS	3225 GALLOWES RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	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)(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 appointment with an address.

SIGNATURE _____ ASSISTANT _____

CR2E034 (10/97)