Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90057 033 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003968

MOBIL EXPLORATION AND PRODUCING NORTH AMERICA IN

Principal Place	of Business	Mailing Address			ļ	7 (82)(82 (110 (87)) (87)			
3225 GALLOWS ROAD FAIRFAX VA 22037 US STATE TAX DEPT. FAIRFAX VA 22037 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/29/1994			
2. Principal P	2a. Mailing Address	ng Address			4. FEI Number	_		ed For	
21		26				95-1278820			pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	- -1			5. Certificate of Status Desired	1 1	.75 Add ee Requi	
City & State	e	City & State	-			6. Election Campaign Financing	1 1	5.00 Ma	•
23		28	Country			Trust Fund Contribution	A	dded to F	-ees
Zip						8. This corporation owes the cur	rent year Intangible ∏ Ye]No
24	25 29 9. Name and Address of Current Registered Agent		0]			Personal Property Tax. 10. Name and Address of New I			
<u> </u>	9. Name and Address of Current	Registered Agent	81	Name		TO: TRAING GITG FLOOR OF THOM			
THE PRENTICE-HALL CORPORATION SYSTEM, INC.						(D.C. D. N hands Not Assess	abla)		
1201 HAYS ST.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 105			83						
TALLAHASSEE FL 32301			84	City			85	Zip Coo	de
				'			FL	·	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes	, the above	e-named	corpora	ation submits this statement for the	purpose of chang pt the appointment	ing its reg t as regis	gistered itered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statutes				·		
SIGNATURE							DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agei	it signature r	required wi	neri reinstating) ADDITIONS/CHANGES TO OF		RECTOR!	S IN 12
TITLE	CD DELETE		1.1 TITLE		Τ				Addition
NAME	ALLSTADT, L.W. J		1.2 NAME						
STREET ADDRESS	3225 GALLOWS RD.		1.3 STREET ADDRESS						
CITY-ST-ZIP	FAIRFAX VA 22037		1.4 CITY-ST-ZIP						
TITLE	PD DELETE		2.1 TITLE				□cı	hange	☐ Addition
NAME	YEAGER, J.M.		2.2 NAME						
STREET ADDRESS	3033 IRVING BLVD		2.3 STREET ADDRESS						
CITY-ST-ZIP	DALLAS TX 75247	247 DELETE		2.4 CITY-ST-ZIP V		E PRESIDENT	★ C	hance	Addition
TITLE	VD	<i>-</i>		3.1 IIILE 3.2 NAME 3.7		BIDINGER		lango	
NAME	COMSTOCK, S.C.			f ADDDESS	3.7	as GALLOWS ROAD	,		
STREET ADDRESS	3225 GALLOWS RD. FAIRFAX VA 22037					RFAX, VA ZZO	スユ		,
CITY-ST-ZIP	T DELETE		4.1 TITLE		TR	EASURER	25 0	nange	Addition
NAME	WATSON, W.S. JR		4.2 NAME M		M.	O. STRODE			
STREET ADDRESS	3033 IRVING BLVD		4.3 STREE	T ADDRESS	303	2 IRVING BUYD,			
CITY-ST-ZIP	DALLAS TX 75247		4.4 CITY-ST-ZIP		DA	ALLAS, TX 750	247		
TITLE	S	☐ DELETE	5.1 TITLE			•	_ c	hange	☐ Addition
NAME	STEVENSON, P.A.		5.2 NAME						
STREET ADDRESS	3225 GALLOWS RD.			TADDRESS					
CITY-ST-ZIP	FAIRFAX VA 22037		5.4 CITY-S	T-ZIP	1				- ماناناه ادرا السا
tm F	AC .	□ DELETE	6.1 TITLE		ì			hange	Addition

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 of 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 or application with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

LOPEZ, S.A.

3225 GALLOWS RD.

FAIRFAX VA 22037

TITLE

NAME

STREET ADDRESS