

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003968

1. Entity Name

MOBIL EXPLORATION AND PRODUCING NORTH AMERICA IN

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

04-17-2000 90050 013 ***150.00

Principal Place of Business 3225 GALLOWES ROAD FAIRFAX VA 22037 US	Mailing Address 3225 GALLOWES ROAD STATE TAX DEPT. FAIRFAX VA 22037-0001 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 800 Bell Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. STATE TAX Dept.
City & State	City & State Houston, TX
Zip	Zip 77002
Country	Country US

4. FEI Number 95-1278820	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
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 _____

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALLSTADT, L.W. J 3225 GALLOWES RD. FAIRFAX VA 22037	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YEAGER, J.M. 3033 IRVING BLVD DALLAS TX 75247	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIDINGER, J R 3225 GALLOWES RD. FAIRFAX VA 22037	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STROBE, M O 3033 IRVING BLVD DALLAS TX 75247	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEVENSON, P.A. 3225 GALLOWES RD. FAIRFAX VA 22037	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC LOPEZ, S.A. 3225 GALLOWES RD. FAIRFAX VA 22037	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

UP/TREASURER
STROBE, M.O.
3033 IRVING BLVD
Dallas, TX 75247

800 Bell Street
Houston, TX 77002

13. 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 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 #