

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P34317 (8)**  
 1. Corporation Name  
**MOBIL EXPLORATION AND PRODUCING U.S. INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>3000 PEGASUS PARK DR.</b>	26	<b>3225 GALLONS ROAD</b>	<b>06/17/1991</b>	<b>05/01/1996</b>
22. City & State		27. City & State		4. FEI Number	Applied For
23 <b>DALLAS, TX</b>		28 <b>FAIRFAX, VA</b>		<b>75-2162766</b>	Not Applicable
24	Zip <b>75247</b>	25	Country	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
29	Zip <b>22037</b>	30	Country	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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 STREET, 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 **900002176669**  
**-05/13/97--01067--026**  
 84 City **\*\*\*165.00** **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	11 TITLE	<b>C/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12 NAME	<b>ALLSTADT, L. W.</b>	
STREET ADDRESS	13 STREET ADDRESS	<b>3225 GALLONS ROAD</b>	
CITY-ST-ZIP	14 CITY-ST-ZIP	<b>FAIRFAX, VA 22037</b>	
TITLE <input type="checkbox"/> DELETE	21 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 NAME	<b>YEAGER, J. M.</b>	
STREET ADDRESS	23 STREET ADDRESS	<b>3033 IRVING BLVD.</b>	
CITY-ST-ZIP	24 CITY-ST-ZIP	<b>DALLAS, TX 75247</b>	
TITLE <input type="checkbox"/> DELETE	31 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 NAME	<b>MATSON, W. S. JR.</b>	
STREET ADDRESS	33 STREET ADDRESS	<b>3033 IRVING BLVD</b>	
CITY-ST-ZIP	34 CITY-ST-ZIP	<b>DALLAS, TX 75247</b>	
TITLE <input type="checkbox"/> DELETE	41 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 NAME	<b>STEVENSON, P. A.</b>	
STREET ADDRESS	43 STREET ADDRESS	<b>3225 GALLONS ROAD</b>	
CITY-ST-ZIP	44 CITY-ST-ZIP	<b>FAIRFAX, VA 22037</b>	
TITLE <input type="checkbox"/> DELETE	51 TITLE	<b>C</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 NAME	<b>TAYLOR, D. F.</b>	
STREET ADDRESS	53 STREET ADDRESS	<b>3033 IRVING BLVD</b>	
CITY-ST-ZIP	54 CITY-ST-ZIP	<b>DALLAS, TX 75247</b>	
TITLE <input type="checkbox"/> DELETE	61 TITLE	<b>AC</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62 NAME	<b>LOPEZ, S. A.</b>	
STREET ADDRESS	63 STREET ADDRESS	<b>3225 GALLONS ROAD</b>	
CITY-ST-ZIP	64 CITY-ST-ZIP	<b>FAIRFAX, VA 22037</b>	

14. I do 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 attachment with an address.

SIGNATURE: **S. A. LOPEZ** *[Signature]* Assistant Controller **4/23/97 (703) 846-1438**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)