

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2000 90050 034 ***150.00

DOCUMENT # P34317

1. Entity Name
MOBIL EXPLORATION & PRODUCING U.S. INC.

Principal Place of Business PEGASUS PARK DRIVE TX 75247	Mailing Address 3225 GALLOWES ROAD STATE TAX DEPT. FAIRFAX VA 22037-0001 US
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LU064101



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 U.S.

4. FEI Number 75-2162766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

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	
TITLE CD	<input checked="" type="checkbox"/> Delete
NAME ALLSTADT, L.W.	
STREET ADDRESS 3225 GALLOWES ROAD	
CITY-ST-ZIP FAIRFAX VA 22037	
TITLE PD	<input type="checkbox"/> Delete
NAME YEAGER, J.M.	
STREET ADDRESS 3033 IRVING BLVD	
CITY-ST-ZIP DALLAS TX 75247	
TITLE T	<input type="checkbox"/> Delete
NAME STRODE, M O	
STREET ADDRESS 3033 IRVING BLVD	
CITY-ST-ZIP DALLAS TX 75247	
TITLE S	<input type="checkbox"/> Delete
NAME STEVENSON, P.A.	
STREET ADDRESS 3225 GALLOWES ROAD	
CITY-ST-ZIP FAIRFAX VA 22037	
TITLE C	<input checked="" type="checkbox"/> Delete
NAME TAYLOR, D.F.	
STREET ADDRESS 3033 IRVING BLVD	
CITY-ST-ZIP DALLAS TX 75247	
TITLE AC	<input type="checkbox"/> Delete
NAME LOPEZ, S.A.	
STREET ADDRESS 3225 GALLOWES ROAD	
CITY-ST-ZIP FAIRFAX VA 22037	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Controller
STREET ADDRESS	Gonzalez, C. G.
CITY-ST-ZIP	18 P. ONAAR Rd
	Singapore 628498
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800 Bell Street
CITY-ST-ZIP	Houston, TX

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 #

CR2E034 (9/99)