

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 842211

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**2337099622CC**

**Entity Name:** MOBIL OIL EXPLORATION & PRODUCING SOUTHEAST, INC.

**Current Principal Place of Business:**

22777 SPRINGWOODS VILLAGE PARKWAY  
SPRING, TX 77389

**Current Mailing Address:**

22777 SPRINGWOODS VILLAGE PARKWAY  
SPRING, TX 77389 US

**FEI Number:** 75-1622493

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THE PRENTICE HALL CORPORATION SYSTEM, INC  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, VP  
Name ROLLAND, JAROD M  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title DIRECTOR, VP  
Name TAYLOR, MARK D  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title DIRECTOR, PRESIDENT  
Name WESLEY, BRYAN W  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title VP  
Name JOHNSON, LAURA T  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title VP  
Name MAYS, JENNA B  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title VP  
Name SCOTT, T. GLENN  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title SECRETARY  
Name GLAZE, MONICA D  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title TREASURER  
Name BURCHFIEL, MICHELLE L  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORI GUGLIELMINI

**ASST SECRETARY**

**01/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           CONTROLLER  
Name            OTTE, KURT J  
Address         22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title            ASST. SECRETARY  
Name            GUGLIELMINI, LORI  
Address         22777 SPRINGWOODS VILLAGE  
                  PARKWAY  
City-State-Zip: SPRING TX 77389