

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000003968

**FILED**  
**Apr 16, 2023**  
**Secretary of State**  
**2000446362CC**

**Entity Name:** MOBIL EXPLORATION AND PRODUCING NORTH AMERICA 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: 95-1278820**

**Certificate of Status Desired: No**

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
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, PRESIDENT  
Name BUCHANAN, SUSAN E  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title DIRECTOR, VP  
Name GUEDEZ, MARIA C  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

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

Title VP  
Name ANDERSON, BRYAN S  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title VP  
Name MCQUEEN, MATTHEW D. L.  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title VP  
Name PARKER, TOVA T  
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 PEDERCINI, MATTEO  
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: JASON P SIMON**

**ASST SECRETARY**

**04/16/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           CONTROLLER  
Name           DE POOTER, KRISTOF F. P.  
Address        22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title           ASST. SECRETARY  
Name           SIMON, JASON P  
Address        22777 SPRINGWOODS VILLAGE  
                  PARKWAY  
City-State-Zip: SPRING TX 77389