

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 813433 (0)
1. Corporation Name
SOCONY MOBIL COMPANY INC.



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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/03/1959 4. FEI Number 13-6096300 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 84 City 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNHEIM, W.R.	1.2 NAME	
STREET ADDRESS	3225 GALLOWS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	1.4 CITY-ST-ZIP	
TITLE	PDAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNEY, G.G.	2.2 NAME	
STREET ADDRESS	3225 GALLOWS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, P. A.	3.2 NAME	
STREET ADDRESS	3225 GALLOWS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	3.4 CITY-ST-ZIP	
TITLE	AC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOCHUMSEN, D.R.	4.2 NAME	
STREET ADDRESS	1201 ELM STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75270	4.4 CITY-ST-ZIP	
TITLE	AC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, S.A.	5.2 NAME	
STREET ADDRESS	3225 GALLOWS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	5.4 CITY-ST-ZIP	
TITLE	AC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, C.T.	6.2 NAME	
STREET ADDRESS	3225 GALLOWS ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	6.4 CITY-ST-ZIP	

14. 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 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 registered agent 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 amendment with an address.

SIGNATURE:

Assistant
Controller

CR2E034 (10/97)