Apr 15, 1999 8:00 am Secretary of State

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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 813433

SOCONY MOBIL COMPANY INC.

Principal Place of Business		Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3225 GALLOWS ROAD		3225 GALLOWS ROAD							
FAIRFAX VA 22037		STATE TAX DEPT. FAIRFAX VA 22037			DO NOT WRITE IN THIS SPACE				
US		US				Date incorporated or Qualifed			
		00				03/03/1959			1
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		T A	oplied For
-	lace of business	26				13-6096300			ot Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.						\$8.75	Additional
22	.,, 0.0.	27				5. Certifcate of Status Desired		Fee R	equired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Žip	Country	Zip	Cou	intry		8. This corporation owes the cur	rent year In	tangible	
24	25	29	30		_	Personal Property Tax.		Yes	XQNo (
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registered	Agent	
	DOCUMENT HALL CORDODATIO	N OVOTEN INO		81	Name				
THE PRENTICE HALL CORPORATIO		SYSTEM INC.		82 Street Add		ess (P.O. Box Number is Not Accept	able)		
	HAYS STREET SUITE 105			Ш	_		_		
IALL	AHASSEE FL 32301			83					
		•		84	City	•		85 Zip	Code
					-		Fl		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the a	bove-	named corpo	pration submits this statement for the	purpose o	f changing it	s registered
-46	anistand asset or both in the State	of Florida, Such change was a	uthorized	d by th	ne comporation	n's board of directors. I bereby acce	of the appo	inument as a	egisteregi
affica ar c	egistered agent, or both in the State m familiar with, and accept the obliga	of Florida, Such change was a	HITOTOTE	n nv tr	he corporation	n's board of directors. Lhereby acce	pt the appo	numerii azīr	egistered
office or n agent. I a	egistered.agentor.bothin.the.State m familiar with, and accept the obliga	of-Florida.,Such change was:a ations of, Section 607.0505, Flo	uthorized rida Stat	a_by_tr :utes.	ne corporation	n.s.ooarg.or.gr(ectorsati_nereby_acce	hr rie appo	outmetit szt.	egistered
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office or nagent. I a SIGNATURE 12.	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS Af	of Elorida, Such change was a ations of, Section 607.0505, Flo ant and title if applicable. ND DIRECTORS	rida Stat	a_by_tr :utes.	ne corporation	n.s.ooarg.or.gr(ectorsati_nereby_acce	DATE DATE	ND DIRECT	ORS IN 12
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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 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, of on an attachment with an address, with all other like empowered. MURESAEDAEZEICONTROLU PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CiTY-ST-ZIP

STREET ADDRESS 3225 GALLOWS ROAD

FAIRFAX VA 22037