

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90362 012 ***150.00

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1. Entity Name
SOCONY MOBIL COMPANY INC.



Principal Place of Business
**3225 GALLOWES ROAD
FAIRFAX VA 22037
US**

Mailing Address
**800 BELL STREET
STATE TAX DEPT.
HOUSTON TX 77002
US**

2. Principal Place of Business
5959 Las Colinas Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Irving, TX

City & State

4. FEI Number **13-6096300**

Applied For
Not Applicable

Zip
75039

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM INC.
1201 HAYS STREET SUITE 105
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTD** ☒ Delete
NAME **ARNHEIM, W.R.**
STREET ADDRESS **3225 GALLOWES ROAD**
CITY-ST-ZIP **FAIRFAX VA 22037**

TITLE **VP/T/D** ☐ Change ☒ Addition
NAME **T. J. Fox**
STREET ADDRESS **5959 Las Colinas Blvd.**
CITY-ST-ZIP **Irving, TX 75039**

TITLE **P** ☒ Delete
NAME **GARNEY, G.G.**
STREET ADDRESS **3225 GALLOWES ROAD**
CITY-ST-ZIP **FAIRFAX VA 22037**

TITLE **President** ☐ Change ☒ Addition
NAME **R. D. Rippe Jr.**
STREET ADDRESS **5959 Las Colinas Blvd.**
CITY-ST-ZIP **Irving, TX 75039**

TITLE **SD** ☒ Delete
NAME **STEVENSON, P. A.**
STREET ADDRESS **3225 GALLOWES ROAD**
CITY-ST-ZIP **FAIRFAX VA 22037**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **J. D. Miler**
STREET ADDRESS **5959 Las Colinas Blvd.**
CITY-ST-ZIP **Irving, TX 75039**

TITLE **AC** ☒ Delete
NAME **JOCHUMSEN, D.R.**
STREET ADDRESS **800 BELL STREET**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **Controller** ☐ Change ☒ Addition
NAME **W. N. Huplits**
STREET ADDRESS **5959 Las Colinas Blvd.**
CITY-ST-ZIP **Irving, TX 75039**

TITLE **AC** ☒ Delete
NAME **LOPEZ, S.A.**
STREET ADDRESS **800 BELL STREET**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **R. O. Katz**
STREET ADDRESS **800 Bell Street**
CITY-ST-ZIP **Houston, TX 77002**

TITLE **AC** ☒ Delete
NAME **OLSON, C.T.**
STREET ADDRESS **800 BELL STREET**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED **Robert O. Katz**

4-4-03

(713) 656-5022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

Date

Daytime Phone #

CR2E034 (10/02)