FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **813827** **(3)**

1. Corporation Name

MOBIL OIL CORPORATION

Principal Place of Business	Mailing Address
3225 GALLOWS RD FAIRFAX VA 22037 US	1201 ELM STR ATTN: TAX ADMIN DEPT DALLAS TX 75270-2014 US

3. Date Incorporated or Qualified: 08/20/1959

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26: 3225 Gallows Road

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27: STATE TAX DEPT.

City & State — 23:

City & State — 28: FAIRFAX VA

Zip — 24: Country — 25:

Zip — 29: 22037 Country — 30:

4. FEI Number: 13-5401570 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NOTO, LUCIO A		1.2 NAME		
STREET ADDRESS	3225 GALLOWS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA		1.4 CITY-ST-ZIP		
TITLE	EVPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOENMANS, P. J.		2.2 NAME		
STREET ADDRESS	3225 GALLOWS RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DELOACH, T.J.		3.2 NAME	EDDLE	
STREET ADDRESS	3225 GALLOWS RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	EVPD	☒ Change ☐ Addition
NAME	RENNA, E.A.		4.2 NAME	RENNA, E. A.	
STREET ADDRESS	3225 GALLOWS ROAD		4.3 STREET ADDRESS	3225 Gallows Road	
CITY-ST-ZIP	FAIRFAX VA		4.4 CITY-ST-ZIP	FAIRFAX, VA 22037	
TITLE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	GARDNER, R. H.		5.2 NAME	ARNHEIM, W. R.	
STREET ADDRESS	3225 GALLOWS RD.		5.3 STREET ADDRESS	3225 Gallows Road	
CITY-ST-ZIP	FAIRFAX VA		5.4 CITY-ST-ZIP	FAIRFAX VA 22037	
TITLE	AS	☐ DELETE	6.1 TITLE	AS	☒ Change ☐ Addition
NAME	OLSON, C. T		6.2 NAME	OLSON, C.T.	
STREET ADDRESS	1201 ELM ST.		6.3 STREET ADDRESS	3225 Gallows Road	
CITY-ST-ZIP	DALLAS TX		6.4 CITY-ST-ZIP	FAIRFAX VA 22037	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: C.T. Olson ASSISTANT SECRETARY 4/17/96 (703) 846-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #