

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818379

1. Entity Name

MOBIL PHOSPHATE MINERALS INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90098 027 ***150.00

Principal Place of Business

Mailing Address

96 LAKERIDGE PARKWAY
ASHLAND VA 23005
US

3225 GALLOWES ROAD
STATE TAX DEPT.
FAIRFAX VA 22037-0001
US

2. Principal Place of Business

3. Mailing Address

800 Bell Street

Suite, Apt. #, etc.

State Tax Dept

City & State

Houston, TX

Zip

77002

Country

US



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

Zip

77002

Country

US

4. FEI Number

13-6170457

Applied For

Not Applicable

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS MULLINS, M
CITY-ST-ZIP 3225 GALLOWES ROAD
FAIRFAX VA 22037

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS TRENT, J M
CITY-ST-ZIP 3225 GALLOWES ROAD
FAIRFAX VA 22037

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

TITLE ☐ Delete
NAME S
STREET ADDRESS STEVENSON, P.A.
CITY-ST-ZIP 3225 GALLOWES RD
FAIRFAX VA 22037

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

TITLE ☐ Delete
NAME T
STREET ADDRESS SARNOWSKI, J.A.
CITY-ST-ZIP 3225 GALLOWES RD
FAIRFAX VA 22037

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

TITLE ☐ Delete
NAME CD
STREET ADDRESS RUFF, C.D.
CITY-ST-ZIP 3225 GALLOWES RD
FAIRFAX VA 22037

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

TITLE ☐ Delete
NAME AC
STREET ADDRESS LOPEZ, S.A.
CITY-ST-ZIP 3225 GALLOWES RD
FAIRFAX VA 22037

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 800 Bell Street
CITY-ST-ZIP Houston, TX 77002

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.A. Lopez, Asst. Controller, 04-10-00

Date

Daytime Phone #

(713) 656-1807

CR2E034 (9/99)