

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 # 833598 (6)

1. Corporation Name

MOBIL OIL CREDIT CORPORATION

Principal Place of Business

11300 CORPORATE AVENUE  
LENEXA KS 66219  
US

Mailing Address

1201 ELM STR  
ATTN: TAX ADMIN DEPT  
DALLAS TX 75270-2014  
US



3. Date Incorporated or Qualified  
12/30/1974

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

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

30

4. FEI Number

13-6194702

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

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME DE SENA, K.V.  
STREET ADDRESS 11300 CORPORATE AVE.  
CITY-STATE-ZIP LENEXA KS

TITLE S ☒ DELETE  
NAME ADAMS, A.J.  
STREET ADDRESS 11300 CORPORATE AVENUE  
CITY-STATE-ZIP LENEXA KS

TITLE AS ☒ DELETE  
NAME OLSON, C.T.  
STREET ADDRESS 1201 ELM ST.  
CITY-STATE-ZIP DALLAS TX

TITLE AS ☒ DELETE  
NAME BOOK, R. L.  
STREET ADDRESS 1201 ELM ST  
CITY-STATE-ZIP DALLAS TX

TITLE T ☒ DELETE  
NAME RIKKOLA, A. A.  
STREET ADDRESS 3225 GALLOWES RD  
CITY-STATE-ZIP FAIRFAX VA

TITLE VP ☒ DELETE  
NAME GARDNER, R.H.  
STREET ADDRESS 3225 GALLOWES RD.  
CITY-STATE-ZIP FAIRFAX VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME BAHR, R.D.  
1.3 STREET ADDRESS 11300 CORPORATE AVENUE  
1.4 CITY-STATE-ZIP LENEXA KS 66219

2.1 TITLE S ☐ Change ☒ Addition  
2.2 NAME CUNNINGHAM, E  
2.3 STREET ADDRESS 11300 CORPORATE AVENUE  
2.4 CITY-STATE-ZIP LENEXA KS 66219

3.1 TITLE AS ☐ Change ☒ Addition  
3.2 NAME STEVENSON, P. A.  
3.3 STREET ADDRESS 3225 GALLOWES ROAD  
3.4 CITY-STATE-ZIP FAIRFAX VA 22037

4.1 TITLE AS ☐ Change ☒ Addition  
4.2 NAME GARNEY, G.G.  
4.3 STREET ADDRESS 3225 GALLOWES ROAD  
4.4 CITY-STATE-ZIP FAIRFAX VA 22037

5.1 TITLE T ☐ Change ☒ Addition  
5.2 NAME MASON, T. W.  
5.3 STREET ADDRESS 9280 WILLOW OAKS CORPORATE DRIVE  
5.4 CITY-STATE-ZIP FAIRFAX VA 22031

6.1 TITLE JP ☐ Change ☒ Addition  
6.2 NAME ARNHEIM, W. R.  
6.3 STREET ADDRESS 3225 GALLOWES ROAD  
6.4 CITY-STATE-ZIP FAIRFAX VA 22037

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 changing or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.G. GARNEY

ASSISTANT SECRETARY

Date 4/18/96 (703) 846-3900

CR2E034 (12/95)