

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **833598** (6)
1. Corporation Name
MOBIL OIL CREDIT CORPORATION



Principal Place of Business
**11300 CORPORATE AVENUE
LENEXA KS 66210
US**

Mailing Address
**3225 GALLOWES ROAD
STATE TAX DEPT.
FAIRFAX VA 22037
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	3. Date Incorporated or Qualified 12/30/1974	4. FEI Number 13-6194702	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHR, R.D.	1.2 NAME	
STREET ADDRESS	11300 CORPORATE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LENEXA KS 66219	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, E.	2.2 NAME	
STREET ADDRESS	11300 CORPORATE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LENEXA KS	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIORDAN, D.J.	3.2 NAME	VD
STREET ADDRESS	8280 WILLIOW OAKS CORPORATE DR	3.3 STREET ADDRESS	ELISON, R. G.
CITY-ST-ZIP	FAIRFAX VA 22031	3.4 CITY-ST-ZIP	3225 GALLOWES ROAD
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLOW, S.D.	4.2 NAME	
STREET ADDRESS	8280 WILLIOW OAKS CORPORATE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22031	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, M.H.	5.2 NAME	
STREET ADDRESS	8280 WILLIOW OAKS CORPORATE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22031	5.4 CITY-ST-ZIP	
TITLE	AC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, S.A.	6.2 NAME	
STREET ADDRESS	8280 WILLIOW OAKS CORPORATE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22031	6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

Assistant

CR2E034 (10/97)