

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90057 036 \*\*\*150.00

**DOCUMENT # 833598**

1. Corporation Name

**MOBIL OIL CREDIT CORPORATION**

Principal Place of Business

**11300 CORPORATE AVENUE  
LENEXA KS 66219  
US**

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/30/1974**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAHR, R.D.	
STREET ADDRESS	11300 CORPORATE AVENUE	
CITY-ST-ZIP	LENEXA KS 66219	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, E.	
STREET ADDRESS	11300 CORPORATE AVENUE	
CITY-ST-ZIP	LENEXA KS	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELLISON, R G	
STREET ADDRESS	3225 GALLOWES ROAD	
CITY-ST-ZIP	FAIRFAX VA 22037	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARLOW, S.D.	
STREET ADDRESS	8280 WILLOW OAKS CORPORATE DR	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	JONES, M.H.	
STREET ADDRESS	8280 WILLOW OAKS CORPORATE DR	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	AC	<input type="checkbox"/> DELETE
NAME	LOPEZ, S.A.	
STREET ADDRESS	8280 WILLOW OAKS CORPORATE DR	
CITY-ST-ZIP	FAIRFAX VA 22031	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VICE PRESIDENT/DIRECTOR</b>
3.3 STREET ADDRESS	<b>M.L. EASON</b>
3.4 CITY-ST-ZIP	<b>8280 WILLOW OAKS CORPORATE DRIVE FAIRFAX, VA 22031</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>CONTROLLER</b>
5.3 STREET ADDRESS	<b>K.A. FULLWOOD</b>
5.4 CITY-ST-ZIP	<b>8280 WILLOW OAKS CORPORATE DRIVE FAIRFAX, VA 22031</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

**STATUS: A. 26 REZIN Assistant Controller**

Date

Daytime Phone

CR2E034 (1/98)