

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 833598

1. Entity Name

MOBIL OIL CREDIT CORPORATION

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90052 030 ***150.00

Principal Place of Business

Mailing Address

11300 CORPORATE AVENUE
LENEXA KS 66219
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

4. FEI Number **13-6194702**

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.
110 NORTH MAGNOLIA STREET
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 **PD** ☐ Delete
NAME **BAHR, R.D.**
STREET ADDRESS **11300 CORPORATE AVENUE**
CITY-ST-ZIP **LENEXA KS 66219**

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

TITLE **S** ☐ Delete
NAME **CUNNINGHAM, E.**
STREET ADDRESS **11300 CORPORATE AVENUE**
CITY-ST-ZIP **LENEXA KS**

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

TITLE **VD** ☐ Delete
NAME **EASON, M L**
STREET ADDRESS **8280 WILLOW OAKS CORPORATE DR**
CITY-ST-ZIP **FAIRFAX VA 22031**

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

TITLE **T** ☐ Delete
NAME **BARLOW, S.D.**
STREET ADDRESS **8280 WILLOW OAKS CORPORATE DR**
CITY-ST-ZIP **FAIRFAX VA 22031**

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

TITLE **C** ☐ Delete
NAME **FULLWOOD, K A**
STREET ADDRESS **8280 WILLOW OAKS CORPORATE DR**
CITY-ST-ZIP **FAIRFAX VA 22031**

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

TITLE **AC** ☐ Delete
NAME **LOPEZ, S.A.**
STREET ADDRESS **8280 WILLOW OAKS CORPORATE DR**
CITY-ST-ZIP **FAIRFAX VA 22031**

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

S. A. Lopez, Asst. Controller, 04-10-00 (713) 656-1807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)