

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # 838578 (3)
1. Corporation Name

MOBIL FOUNDATION, INC.

Principal Place of Business

3225 GALLONS ROAD
ATTN: STATE TAX DEPT.
FAIRFAX, VA 22037

Mailing Address

3225 GALLONS ROAD
ATTN: STATE TAX DEPT.
FAIRFAX, VA 22037

3. Date Incorporated or Qualified

06/13/1977

3a. Date of Last Report

05/01/1995

4. FEI Number

23-6177075

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

800002190738

84 City

05/27/97

01006-009

Zip Code

***61.25

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCCLOY, ELLEN Z.	
1.3 STREET ADDRESS	3225 GALLONS ROAD	
1.4 CITY-ST-ZIP	FAIRFAX, VA 22037	
2.1 TITLE	SY EXEC D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MUND, RICHARD G.	
2.3 STREET ADDRESS	3225 GALLONS ROAD	
2.4 CITY-ST-ZIP	FAIRFAX, VA 22037	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAVALIERE, ANTHONY L.	
3.3 STREET ADDRESS	3225 GALLONS ROAD	
3.4 CITY-ST-ZIP	FAIRFAX, VA 22037	
4.1 TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KHARRAZIAN, NASSER	
4.3 STREET ADDRESS	3225 GALLONS ROAD	
4.4 CITY-ST-ZIP	FAIRFAX, VA 22037	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GILLESPIE, SAMUEL H., III	
5.3 STREET ADDRESS	3225 GALLONS ROAD	
5.4 CITY-ST-ZIP	FAIRFAX, VA 22037	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LASALA, STEPHEN R.	
6.3 STREET ADDRESS	3225 GALLONS ROAD	
6.4 CITY-ST-ZIP	FAIRFAX, VA 22037	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R.G. Mund

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.G. MUND

SECRETARY

4/22/97

Date

(703) 846-3389

Daytime Phone #

CR2E037 (9/96)