

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838578

1. Entity Name

MOBIL FOUNDATION, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90054 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3225 GALLOWES RD  
ATTN STATE TAX DEPT  
FAIRFAX VA 22037  
US

3225 GALLOWES RD  
ATTN 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

Suite, Apt. #, etc.

City & State

City & State

Houston, TX

Zip

Country

Zip

Country

77002

US

4. FEI Number

23-6177075

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.  
1201 HAYS STREET  
SUITE 105  
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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MCCLOY, ELLEN Z  
STREET ADDRESS 3225 GALLOWES RD  
CITY-ST-ZIP FAIRFAX VA 22037

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

TITLE SED ☐ Delete  
NAME MUND, RICHARD G  
STREET ADDRESS 3225 GALLOWES ROAD  
CITY-ST-ZIP FAIRFAX VA

TITLE ☒ Change ☐ Addition  
NAME *Executive Director*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME CAVALIERE, ANTHONY L  
STREET ADDRESS 3225 GALLOWES RD  
CITY-ST-ZIP FAIRFAX VA 22037

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

TITLE AS ☒ Delete  
NAME KHARRAZIAN, NASSER  
STREET ADDRESS 3225 GALLOWES RD  
CITY-ST-ZIP FAIRFAX VA 22037

TITLE ☒ Change ☐ Addition  
NAME *Assistant Controller*  
STREET ADDRESS *Lopez, S. A.*  
CITY-ST-ZIP *800 Bell Street*  
*Houston, TX 77002*

TITLE D ☐ Delete  
NAME GILLESPIE, SAMUEL H  
STREET ADDRESS 3225 GALLOWES RD  
CITY-ST-ZIP FAIRFAX VA 22037

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

TITLE D ☐ Delete  
NAME LASALA, STEPHEN  
STREET ADDRESS 3225 GALLOWES RD  
CITY-ST-ZIP FAIRFAX VA 22037

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*A. Lopez, Asst. Controller, 04-10-00*

*(713) 656-1807*

CR2E037 (9/99)