

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90107 027 \*\*\*150.00

**DOCUMENT # 848735**

1. Entity Name

**MOBIL LAND DEVELOPMENT CORPORATION**

Principal Place of Business      Mailing Address  
 11911 Freedom Drive      800 Bell Street  
 Reston, VA 22090      Room 2605  
    Houston, TX 77002

**A0062374**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		13-2668993		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
The Prentice-Hall Corporation System INC.		Name	
1201 Hays Street		Street Address (P.O. Box Number is Not Acceptable)	
Tallahassee, Florida 32301-2525		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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President/Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N. G. Greco	NAME	
STREET ADDRESS	3225 Gallows Road	STREET ADDRESS	
CITY - ST - ZIP	Fairfax, VA 22037	CITY - ST - ZIP	
TITLE	Vice President/Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. G. Grimes	NAME	
STREET ADDRESS	3225 Gallows Road	STREET ADDRESS	
CITY - ST - ZIP	Fairfax, VA 22037	CITY - ST - ZIP	
TITLE	Vice President/Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. M. Alexander	NAME	
STREET ADDRESS	3225 Gallows Road	STREET ADDRESS	
CITY - ST - ZIP	Fairfax, VA 22037	CITY - ST - ZIP	
TITLE	Secretary <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S. Kishinevsky	NAME	
STREET ADDRESS	3225 Gallows Road	STREET ADDRESS	
CITY - ST - ZIP	Fairfax, VA 22037	CITY - ST - ZIP	
TITLE	VP/Treas/Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. H. Wakefield	NAME	
STREET ADDRESS	3225 Gallows Road	STREET ADDRESS	
CITY - ST - ZIP	Fairfax, VA 22037	CITY - ST - ZIP	
TITLE	Assistant Secretary <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S. A. Lopez	NAME	
STREET ADDRESS	800 Bell Street	STREET ADDRESS	
CITY - ST - ZIP	Houston, TX 77002	CITY - ST - ZIP	

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:** *[Signature]* Assistant Secretary 04/16/01 (713) 656-1807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #