


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90165 011 ***150.00

DOCUMENT # 853319
1. Entity Name
MARATHON OIL COMPANY



Principal Place of Business
**5555 SAN FELIPE RD
MARATHON OIL COMPANY
HOUSTON, TX 77056 US**

Mailing Address
**539 SOUTH MAIN ST
USI & F TAX ROOM 4135
FINDLAY, OH 45840 US**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1410539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAZALOT, C. P. JR 5555 SAN FELIPE ROAD HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEHRMAN, P. G. 5555 SAN FELIPE ROAD HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDER, D. <i>S. B. Hinchman</i> 5555 SAN FELIPE ROAD HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUNTZ, P. J. 5555 SAN FELIPE ROAD HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HALEY, J.R. 539 S MAIN ST FINDLAY, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWIND, JR. W 5555 SAN FELIPE ROAD HOUSTON, TX

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IN THIS SPACE**

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 607, 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: *J. R. Haley* **J.R. Haley-Asst. Secretary** **4-19-04** **419-421-3015**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #