

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001106 (0)

1. Corporation Name

MOBIL DIESEL SUPPLY CORPORATION

Principal Place of Business

1013 CENTRE RD.  
WILMINGTON DE 19805-1297

Mailing Address

1013 CENTRE RD.  
WILMINGTON DE 19805-1297



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3225 GALLOWES ROAD		26 STATE TAX DEPT.		03/04/1997	
22 Suite, Apt. #, etc.		27 3225 GALLOWES ROAD		4. FEI Number	
23 FAIRFAX, VA		28 FAIRFAX, VA		75-2689616	
24 22037		29 22037		5. Certificate of Status Desired	
25 USA		30 USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SKOLNIK, M A	1.2 NAME	LACHENMYER, L. M.
STREET ADDRESS	3225 GALLOWES RD.	1.3 STREET ADDRESS	3225 GALLOWES ROAD
CITY-ST-ZIP	FAIRFAX VA 22037-0001	1.4 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE	VD	2.1 TITLE	V
NAME	BREED, J H	2.2 NAME	BRACEFIELD, M.
STREET ADDRESS	3225 GALLOWES RD.	2.3 STREET ADDRESS	3225 GALLOWES ROAD
CITY-ST-ZIP	FAIRFAX VA 22037-0001	2.4 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE	V	3.1 TITLE	
NAME	MCCLURE, D M	3.2 NAME	
STREET ADDRESS	3225 GALLOWES RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037-0001	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	Jochumsen, D.R.
NAME	JOCHURNSEN, D R	4.2 NAME	1201 ELM ST.
STREET ADDRESS	5904 MONTFORD DR.	4.3 STREET ADDRESS	DALLAS, TX 75270
CITY-ST-ZIP	COLLEY VILLE TX 76034	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	V
NAME	KUHRT, J A	5.2 NAME	DAMBACH, J. D.
STREET ADDRESS	6080 SURETY DR.	5.3 STREET ADDRESS	3225 GALLOWES ROAD
CITY-ST-ZIP	EL PASO TX 79905	5.4 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE	VD	6.1 TITLE	
NAME	JOHNSON, S W	6.2 NAME	
STREET ADDRESS	3225 GALLOWES RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037-0001	6.4 CITY-ST-ZIP	

14. 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 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Assistant

CR2E034 (10/97)