

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001106

1. Entity Name

MOBIL DIESEL SUPPLY CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90027 020 ***150.00

Principal Place of Business

Mailing Address

3225 GALLOWES ROAD
FAIRFAX VA 22037
US

STATE TAX DEPT/3225 GALLOWES ROAD
FAIRFAX VA 22037-0001
US

2. Principal Place of Business

3. Mailing Address

800 Bell Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

State Tax Dept.

City & State

City & State

Houston TX

Zip

Country

Zip

Country

77002

4. FEI Number

75-2689616

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
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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WEIR, K T
STREET ADDRESS 3225 GALLOWES RD
CITY-ST-ZIP FAIRFAX VA 22037

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

TITLE V ☐ Delete
NAME JONES, J C
STREET ADDRESS 3225 GALLOWES RD
CITY-ST-ZIP FAIRFAX VA 22037

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

TITLE V ☐ Delete
NAME MCCLURE, D M
STREET ADDRESS 3225 GALLOWES RD.
CITY-ST-ZIP FAIRFAX VA 22037-0001

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

TITLE V ☒ Delete
NAME JOCHUMSEN, K R
STREET ADDRESS 1201 ELM STREET
CITY-ST-ZIP DALLAS TG 75270

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

TITLE V ☐ Delete
NAME DAMBACH, J D
STREET ADDRESS 3225 GALLOWES ROAD
CITY-ST-ZIP FAIRFAX VA 22037

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

TITLE VD ☐ Delete
NAME JOHNSON, S W
STREET ADDRESS 3225 GALLOWES RD.
CITY-ST-ZIP FAIRFAX VA 22037-0001

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Controller

04-10-00

Date

(713)656-1807

Daytime Phone #

CR2E034 (9/99)