

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 813827 (3)

1. Corporation Name
MOBIL OIL CORPORATION



Principal Place of Business: 3225 GALLOWES RD FAIRFAX VA 22037 US
Mailing Address: 1201 ELM STR ATTN: TAX ADMIN DEPT DALLAS TX 75270-2014 US

3. Date Incorporated or Qualified: 08/20/1959
3a. Date of Last Report: 05/01/1995
4. FEI Number: 13-5401570
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent: THE PRENTICE HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301
10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CEO	NOTO, LUCIO A 3225 GALLOWES ROAD FAIRFAX VA	1.1 TITLE	
NAME: NOTO, LUCIO A		1.2 NAME	
STREET ADDRESS: 3225 GALLOWES ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP: FAIRFAX VA		1.4 CITY-ST-ZIP	
TITLE: EVPD	HOENMANS, P. J. 3225 GALLOWES RD. FAIRFAX VA	2.1 TITLE	
NAME: HOENMANS, P. J.		2.2 NAME	
STREET ADDRESS: 3225 GALLOWES RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP: FAIRFAX VA		2.4 CITY-ST-ZIP	
TITLE: VD	DELOACH, T.J. 3225 GALLOWES RD. FAIRFAX VA	3.1 TITLE	
NAME: DELOACH, T.J.		3.2 NAME	
STREET ADDRESS: 3225 GALLOWES RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP: FAIRFAX VA		3.4 CITY-ST-ZIP	
TITLE: VD	RENNA, E.A. 3225 GALLOWES ROAD FAIRFAX VA	4.1 TITLE	
NAME: RENNA, E.A.		4.2 NAME	
STREET ADDRESS: 3225 GALLOWES ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP: FAIRFAX VA		4.4 CITY-ST-ZIP	
TITLE: T	GARDNER, R. H. 3225 GALLOWES RD. FAIRFAX VA	5.1 TITLE	
NAME: GARDNER, R. H.		5.2 NAME	
STREET ADDRESS: 3225 GALLOWES RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP: FAIRFAX VA		5.4 CITY-ST-ZIP	
TITLE: AS	OLSON, C. T. 1201 ELM ST. DALLAS TX	6.1 TITLE	
NAME: OLSON, C. T.		6.2 NAME	
STREET ADDRESS: 1201 ELM ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP: DALLAS TX		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receiver 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, changed, or as an attachment with an address.

SIGNATURE: *C.T. Olson* C.T. OLSON ASSISTANT SECRETARY 4/17/96 (703) 846-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)