

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 813827 (3)**  
1. Corporation Name  
**MOBIL OIL CORPORATION**

Principal Place of Business Mailing Address

2. Principal Place of Business 21 <b>3225 Galloway ROAD</b> Suite, Apt #, etc	2a. Mailing Address 26 <b>3225 Galloway ROAD</b> Suite, Apt #, etc	3. Date Incorporated or Qualified <b>08/20/1959</b>	3a. Date of Last Report <b>05/10/1996</b>
22 <b>FAIRFAX, VA</b> City & State	27 <b>STATE TAX DEPT.</b> City & State	4. FEI Number <b>13-5401570</b>	Applied For Not Applicable
23 <b>22037</b> Zip	28 <b>22037</b> Zip	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 <b>22037</b> Zip	29 <b>22037</b> Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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)  
**1201 HAYS STREET, SUITE 105**  
83  
84 City **TALLAHASSEE** FL 85 Zip Code **32301**

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 reaffirming) **600002175876**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>CEO ***165.00</b>
13 STREET ADDRESS	<b>NOTO, LUCIO A.</b>
14 CITY-ST-ZIP	<b>3225 Galloway ROAD</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>EVP</b>
23 STREET ADDRESS	<b>ALLSTADT, L. W.</b>
24 CITY-ST-ZIP	<b>3225 Galloway ROAD</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>VPD</b>
33 STREET ADDRESS	<b>DELOACH, T. C. JR.</b>
34 CITY-ST-ZIP	<b>3225 Galloway ROAD</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>S</b>
43 STREET ADDRESS	<b>DUBOIS, C. H.</b>
44 CITY-ST-ZIP	<b>3225 Galloway ROAD</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>T</b>
53 STREET ADDRESS	<b>ARNHEIM, W. R.</b>
54 CITY-ST-ZIP	<b>3225 Galloway ROAD</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>AS</b>
63 STREET ADDRESS	<b>LOPEZ, S. A.</b>
64 CITY-ST-ZIP	<b>3225 Galloway ROAD</b>
	<b>FAIRFAX, VA 22037</b>

14. I do 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 trustee 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 in an attachment with an address.

SIGNATURE: **S. A. Lopez** Assistant Secretary **4-22-97 (703) 846-1438**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)