

**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

**DOCUMENT # 813827 (3)**  
 1. Corporation Name  
**MOBIL OIL CORPORATION**



Principal Place of Business: **3225 GALLOW'S RD FAIRFAX VA 22037 US**  
 Mailing Address: **3225 GALLOW'S RD STATE TAX DEPT FAIRFAX VA 22037 US**

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business  
 22. Suite, Apt #, etc.  
 23. City & State  
 24. Zip  
 25. Country

26. Mailing Address  
 27. Suite, Apt #, etc.  
 28. City & State  
 29. Zip  
 30. Country

3. Date Incorporated or Qualified: **08/20/1959**  
 4. FEI Number: **13-5401570**  
 Applied For:  Not Applicable  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET, SUITE 105  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City  
 FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature Type: (1) Typed name of registered agent or (2) Signature (NOTE: Registration Agent signature required when terminating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTO, LUCIO A	1.2 NAME	
STREET ADDRESS	3225 GALLOW'S ROAD	1.3 STREET ADDRESS	<b>400002561424</b>
CITY-ST-ZIP	FAIRFAX VA 22037	1.4 CITY-ST-ZIP	<b>-06/16/98-01103-01</b>
TITLE	EVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLSTADT, L.W.	2.2 NAME	
STREET ADDRESS	3225 GALLOW'S RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	2.4 CITY-ST-ZIP	
TITLE	VPO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELOACH, T.J.	3.2 NAME	
STREET ADDRESS	3225 GALLOW'S RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBOIS, C.H.	4.2 NAME	<b>S</b>
STREET ADDRESS	3225 GALLOW'S ROAD	4.3 STREET ADDRESS	<b>3225 GALLOW'S ROAD</b>
CITY-ST-ZIP	FAIRFAX VA 22037	4.4 CITY-ST-ZIP	<b>FAIRFAX, VA 22037</b>
TITLE	Y	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNHIM, W R	5.2 NAME	
STREET ADDRESS	3225 GALLOW'S RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, S.A. T	6.2 NAME	
STREET ADDRESS	3225 GALLOW'S RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	6.4 CITY-ST-ZIP	

400002561424  
 -06/16/98-01103-01  
 \*\*\*150.00 \*\*\*150.00

**8/7 6/15/98**

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 person 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 any supplemental report to address

SIGNATURE:  **S.A. LOPEZ** ASSISTANT SECRETARY  
 SIGNATURE AND TYPED OR PRINTED NAME OF NOMINATING OFFICER OR DIRECTOR Date: **4/16/98** Daytona Florida 7 **703-846-1438**

10570105