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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 813827**

MOBIL OIL CORPORATION

Principal Place	o of Rusiness	Mailing Address	<del>.</del>	_			
Principal Place of Business 3225 GALLOWS RD		3225 GALLOWS RD					
FAIRFAX VA 22	037	STATE TAX DEPT			DO NOT WRITE IN THIS	SSPACE	
US		FAIRFAX VA 22037 US			3. Date Incorporated or Qualifed		
		03	00		08/20/1959		
O Malling Address					4. FEI Number	Applied For	
	lace of Business	<u> </u>	2a. Mailing Address			Not Applicable	
21			26		13-5401570	\$8.75 Additional	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired Fee Required		
City & State	e	City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
3		28		Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 3	Country 30		This corporation owes the current year In Personal Property Tax.	ntangible No	
24	9. Name and Address of Cu		701		10. Name and Address of New Registered	Agent	
J. Hallis alla Adalose et Galtere regisco est igent				Name			
THE	PRENTICE HALL CORPORAT	ION SYSTEM, INC.					
	HAYS STREET, SUITE 105	,	82	Street Add	Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			83				
IALL	JAINOOLL I E GEGGT	•	00				
			84	City	Fi	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	s, the above	e-named corp	poration submits this statement for the purpose of	f changing its registered	
office or o	⇒aistered agent- or both-in the St	ate of Florida-Such change was aut ligations of, Section 607.0505, Florid	inonzed by	tine corporati	on's board of directors. I hereby accept the appoint	www.ir-as-registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: I	Registered Age	nt signature requir	ed when reinstating) DATE		
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	CEOD DELETE		1.1 TITLE			☐ Change ☐ Addition	
NAME	NOTO, LUCIO A		1.2 NAME	1			
	* 1			LADODESS			

3225 GALLOWS ROAD FAIRFAX VA 22037 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TΠLE TITLE 2.2 NAME NAME ALLSTADT, L W 3225 GALLOWS RD. 2.3 STREET ADDRESS STREET ADDRESS FAIRFAX VA 22037 2. 4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition 3.1 TITLE □ DELETE TITLE DELOACH, T J 3.2 NAME NAME 3225 GALLOWS RD. 3.3 STREET ADDRESS STREET ADDRESS FAIRFAX VA 22037 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4, 2 NAME NAME YALEY, C J 3225 GALLOWS ROAD 4.3 STREET ADDRESS STREET ADDRESS FAIRFAX VA 22037 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 5.1 TITLE ☐ DELETE TITLE 5.2 NAME ARNHWIM, W R WIR. ARNHEIM NAME 5.3 STREET ADDRESS 3225 GALLOWS RD. STREET ADDRESS 5.4 CITY-ST-ZIP FAIRFAX VA 22037 CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME LOPEZ, S.A. T NAME 6.3 STREET ADDRESS 3225 GALLOWS RD

FAIRFAX VA 22037 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 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 if changed, of one analysis an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ROAL OPEZ Assistant CORE

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90057 028 \*\*\*150.00