

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90048 036 \*\*\*150.00

**DOCUMENT # 813827**

1. Entity Name  
**MOBIL OIL CORPORATION**

|   |  |
|---|--|
| Principal Place of Business<br>3225 GALLOWES RD<br>FAIRFAX VA 22037<br>US | Mailing Address<br>3225 GALLOWES RD<br>STATE TAX DEPT<br>FAIRFAX VA 22037-0001<br>US |
|---|--|

|                                |  |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address<br><b>800 Bell Street</b> |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.<br><b>State Tax Dept</b> |
| City & State                   | City & State<br><b>Houston, TX</b>           |
| Zip                            | Country                                      |
| <b>77002</b>                   | <b>US</b>                                    |



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-5401570** 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, SUITE 105**  
**TALLAHASSEE FL 32301**

|  |           |          |
|--|-----------|----------|
| Name   |           |          |
| Street Address (P.O. Box Number is Not Acceptable) |           |          |
| City   | <b>FL</b> | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CEO<br/>NOTO, LUCIO A<br/>3225 GALLOWES ROAD<br/>FAIRFAX VA 22037</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>EVP<br/>ALLSTADT, L W<br/>3225 GALLOWES RD.<br/>FAIRFAX VA 22037</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD<br/>DELOACH, T J<br/>3225 GALLOWES RD.<br/>FAIRFAX VA 22037</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VP<br/>AMRhein, R.<br/>3225 Gallowes Rd<br/>FAIRFAX, VA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>YALEY, C J<br/>3225 GALLOWES ROAD<br/>FAIRFAX VA 22037</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>ARNHEIM, W R<br/>3225 GALLOWES RD.<br/>FAIRFAX VA 22037</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Treasurer<br/>MAHER, B. A.<br/>5959 HAS COLINAS Blvd<br/>IRVING, TX 75039</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>LOPEZ, S.A. T<br/>3225 GALLOWES RD<br/>FAIRFAX VA 22037</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>800 Bell Street<br/>Houston, TX 77002</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                     |

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]* **S.A. Lopez** Asst. Sec N. Hwy, 04-10-00 (713)656-1807  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)