

1.) CORPORATION NAME:

HESS ENERGY INC.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **02888048**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1185 AVENUE OF THE AMERICAS

CITY/ST/ZIP: NEW YORK, NY 10036

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN A GARTMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ONE HESS PLAZA		
CITY/ST/ZIP/CO:	WOODBIDGE, NJ 07095		
NAME:	GEORGE C BARRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/SEC		
ADDRESS:	1185 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		
NAME:	ROBERT M. BIGLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1185 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		
NAME:	TIFFANY A. RYAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1501 McKINNEY STREET		
CITY/ST/ZIP/CO:	HOUSTON, TX 77010		
NAME:	C. MARTIN DUNAGIN, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1185 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		
NAME:	TERRY B. GARCIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1185 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		

NAME: GAIL B. THOSTESEN TITLE: ASST SECRETARY ADDRESS: ONE HESS PLAZA CITY/ST/ZIP/CO: WOODBRIDGE, NJ 07095	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ERIC FISHMAN TITLE: ASST TREASURER ADDRESS: 1185 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10036	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ROBERT FRANZINO TITLE: ASST TREASURER ADDRESS: 1185 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10036	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: TIMOTHY B. GOODELL TITLE: DIRECTOR ADDRESS: 1185 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10036	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: F. BORDEN WALKER TITLE: DIRECTOR ADDRESS: ONE HESS PLAZA CITY/ST/ZIP/CO: WOODBRIDGE, NJ 07095	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ GAIL B.THOSTESEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GAIL B.THOSTESEN, PRINTED NAME AND CORPORATE TITLE	6/11/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		