

1.) CORPORATION NAME:

HESS ENERGY INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **02888048**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

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.

<p>NAME: GEORGE C BARRY TITLE: VP/SEC ADDRESS: 1185 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10036</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ERIC S. FISHMAN TITLE: TREASURER ADDRESS: 1185 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10036</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT FRANZINO TITLE: ASST TREASURER ADDRESS: 1185 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10036</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: C. MARTIN DUNAGIN, JR. TITLE: ASST SECRETARY ADDRESS: 1501 MC KINNEY STREET CITY/ST/ZIP/CO: HOUSTON, TX 77010</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: TERRY B. GARCIA TITLE: ASST SECRETARY ADDRESS: 1185 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10036</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: TIFFANY A. RYAN TITLE: ASST SECRETARY ADDRESS: 1501 MC KINNEY STREET CITY/ST/ZIP/CO: HOUSTON, TX 77010</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL B. THOSTESEN ASST SECRETARY ONE HESS PLAZA WOODBIDGE, NJ 07095	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY B. GOODELL DIRECTOR 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICHOLAS P. BROUNTAS DIRECTOR 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<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, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/12/2014 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.					