

1.) CORPORATION NAME:

MOBIL INTERNATIONAL PETROLEUM CORPORATION

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1053687**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000
PREFER	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5959 LAS COLINAS BOULEVARD

CITY/ST/ZIP: IRVING, TX 75039-2298

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:	C.C. (KATE) SHAE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD		
CITY/ST/ZIP/CO:	IRVING, TX 75039-2298		
NAME:	LEN M. FOX	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD		
CITY/ST/ZIP/CO:	IRVING, TX 75039-2298		
NAME:	GEOFFRY J. RYAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER, VP		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD		
CITY/ST/ZIP/CO:	IRVING, TX 75039-2298		
NAME:	ROB S. FRANKLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD		
CITY/ST/ZIP/CO:	IRVING, TX 75039-2298		
NAME:	STEPHEN M. GREENLEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD		
CITY/ST/ZIP/CO:	IRVING, TX 75039		

NAME: ALAN JOHN KELLY TITLE: VICE PRESIDENT ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PATRICK T. MULVA TITLE: VICE PRESIDENT ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STEPHEN DENNIS PRYOR TITLE: VICE PRESIDENT ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN R. RHODES TITLE: VICE PRESIDENT ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID S. ROSENTHAL TITLE: VICE PRESIDENT ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: THOMAS R. WALTERS TITLE: VICE PRESIDENT ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DARREN W. WOODS TITLE: VICE PRESIDENT ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ROBERT A. LUETTGEN TITLE: SECRETARY ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOEL WEBB TITLE: ASST SECRETARY ADDRESS: C/O ATTN: IOOS OFFICE OF THE SECRETARY 5959 LAS COLINAS BOULEVARD CITY/ST/ZIP/CO: IRVING, TX 75039-2298	<input checked="" type="checkbox"/> OFFICER <input 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/ JOEL WEBB SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOEL WEBB, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/27/2014 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.