

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90011 044 ***150.00

DOCUMENT # 817423

1. Entity Name
EXXONMOBIL INTER-AMERICA INC.

Principal Place of Business Mailing Address
396 ALHAMBRA CIRCLE **396 ALHAMBRA CIRCLE**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **13-6044290** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAPHEL, MARIA A
396 ALHAMBRA CIR
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **OLUFSON, AYMARA**

Street Address (P.O. Box Number is Not Acceptable)
396 ALHAMBRA CIRCLE

City **CORAL GABLES** FL Zip Code **33134**

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 **AYMARA OLUFSON, LEGAL ASSISTANT** DATE **1/15/01**

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete DOBSON, R.T. 396 ALHAMBRA CIRCLE CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete MEYER, R.H. 396 ALHAMBRA CIRCLE CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete ROSA, W. 396 ALHAMBRA CIRCLE CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete ZWITSERLOOT, R.G. 396 ALHAMBRA CIRCLE CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete RAPHEL, MARIA A 396 ALHAMBRA CIRCLE CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete DIDONATO, D.A. 396 ALHAMBRA CIRCLE CORAL GABLES FL 33134

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RUBIN, LM. 396 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PEREZ, A.R. 396 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HERNANDEZ, N.H. 396 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jaubert, J.C. 396 ALHAMBRA CIRCLE CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OLUFSON, AYMARA 396 ALHAMBRA CIRCLE CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: **AYMARA OLUFSON** DATE **1/15/01** DAYTIME PHONE # **(305) 459-1424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)