

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817423

FILED
Apr 21, 2005
Secretary of State

Entity Name: EXXONMOBIL INTER-AMERICA INC.

Current Principal Place of Business:

3225 GALLOWS ROAD
FAIRFAX, VA 22037

New Principal Place of Business:

Current Mailing Address:

800 BELL STREET
ROOM 2605
HOUSTON, TX 77002

New Mailing Address:

800 BELL STREET
ROOM 2441
HOUSTON, TX 77002

FEI Number: 13-6044290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TYSON, JJ
Address: 396 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: DV () Delete
Name: HERRERA, H
Address: 396 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: THORNTON, P.J.
Address: 800 BELL STREET
City-St-Zip: HOUSTON, TX 77002

Title: DV () Delete
Name: JAUBERT, J.C
Address: 396 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: LAVERY, J.D.
Address: 3225 GALLOWS ROAD
City-St-Zip: FAIRFAX, VA 22037

Title: AS () Delete
Name: SMOTHERS, L.A.
Address: 800 BELL STREET
City-St-Zip: HOUSTON, TX 77002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TYSON, J.J.
Address: 396 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: JAUBERT, J.C.
Address: 396 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN A. SMOTHERS

AS

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date