

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817423

FILED  
Mar 15, 2011  
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  
CORP-EMB-2441  
HOUSTON, TX 77002

**New Mailing Address:**

3225 GALLOWS ROAD  
FAIRFAX, VA 22037

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HANSEN, BENNETT P  
Address: 3225 GALLOWS ROAD  
City-St-Zip: FAIRFAX, VA 22037

Title: DVP  
Name: HERRERA, HECTOR  
Address: 3225 GALLOWS ROAD  
City-St-Zip: FAIRFAX, VA 22037

Title: DVP  
Name: JAUBERT, JEAN CLAUDE  
Address: 3225 GALLOWS ROAD  
City-St-Zip: FAIRFAX, VA 22037

Title: DVPT  
Name: WILSON, MARK R  
Address: 3225 GALLOWS ROAD  
City-St-Zip: FAIRFAX, VA 22037

Title: S  
Name: GAVRON, CATHERINE J  
Address: 3225 GALLOWS ROAD  
City-St-Zip: FAIRFAX, VA 22037

Title: AS  
Name: JENKINS, NATE H  
Address: 3225 GALLOWS ROAD  
City-St-Zip: FAIRFAX, VA 22037

I hereby 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 all other like empowered.

SIGNATURE: NATE H. JENKINS

AS

03/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date