FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:32

DOCUMENT # **852412** **(6)**

1. Corporation Name
EXXON RISK MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
16825 NORTHCHASE HOUSTON TX 77060 US	800 BELL ST ROOM 493 HOUSTON TX 77060 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1982
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: Room 323
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 76-0006056 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	WHITELAW, J.D.	12 NAME		
STREET ADDRESS	225 E JOHN W CARPENTER FRWY	13 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	KOVACS, GERDLDINE M	22 NAME		
STREET ADDRESS	225 E JOHN W CARPENTER FRWY	23 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	CHASSER, THOMAS M	32 NAME		
STREET ADDRESS	4550 DACOMA	33 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	34 CITY-ST-ZIP		
TITLE	V	41 TITLE	Vice Pres.	☒ Change ☐ Addition
NAME	SULLIVAN, PAUL E	42 NAME	David L. Hinshaw	
STREET ADDRESS	800 BELL ST	43 STREET ADDRESS	800 Bell St.	
CITY-ST-ZIP	HOUSTON TX	44 CITY-ST-ZIP	Houston, TX 77002	
TITLE	VT	51 TITLE		☐ Change ☐ Addition
NAME	GREEN, RICHARD L	52 NAME		
STREET ADDRESS	225 E JOHN W CARPENTER FRWY	53 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	LYNCH, JOSEPH G	62 NAME		
STREET ADDRESS	800 BELL ST	63 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph G. Lynch — Assistant Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR

Joseph G. Lynch 4-3-95 (713) 656-1807
Date — Daytime Phone #

0472436 FP