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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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 323 HOUSTON TX 77060 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/01/1982**

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITELAW, J.D.		1.2 NAME	
STREET ADDRESS	225 E JOHN W CARPENTER FRWY		1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KOVACS, GERDLDINE M		2.2 NAME	
STREET ADDRESS	225 E JOHN W CARPENTER FRWY		2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHASSER, THOMAS M		3.2 NAME	
STREET ADDRESS	4550 DACOMA		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HINSHAW, DAVID L.		4.2 NAME	
STREET ADDRESS	800 BELL ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX		4.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, RICHARD L		5.2 NAME	
STREET ADDRESS	225 E JOHN W CARPENTER FRWY		5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX		5.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LYNCH, JOSEPH G		6.2 NAME	
STREET ADDRESS	800 BELL ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. 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 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: _____ Assistant Secretary 4-14-98