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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852412

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 Qualifed: 04/01/1982

2. Principal Place of Business — 21

2a. Mailing Address — 26

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

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

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

City & State — 23

City & State — 28

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

Zip — 24 Country — 25

Zip — 29 Country — 30

8. This corporation owes the current year Intangible Personal Property Tax. ☐ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

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		

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, with all other like empowered.

SIGNATURE: Joseph G. Lynch Assistant Secretary 4-1-99

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

CR2E034 (1/98)