

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90107 023 \*\*\*150.00

**DOCUMENT # 852412**

1. Entity Name  
**Exxon Mobil Risk Management, Inc.**

Principal Place of Business  
 16825 Northchase  
 Houston, TX 77060

Mailing Address  
 800 Bell Street  
 Room 2605  
 Houston, TX 77002

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
 76-0006056

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

Corporation Service Company  
 1201 Hays Street  
 Tallahassee, Florida 32301-2525

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

|                 |                                                         |
|-----------------|---------------------------------------------------------|
| TITLE           | President/Director <input type="checkbox"/> Delete      |
| NAME            | J. D. Whitelaw                                          |
| STREET ADDRESS  | 5959 Las Colinas Blvd.                                  |
| CITY - ST - ZIP | Irving, TX 75039                                        |
| TITLE           | Vice President/Director <input type="checkbox"/> Delete |
| NAME            | T. M. Chasser                                           |
| STREET ADDRESS  | 16825 Northchase                                        |
| CITY - ST - ZIP | Houston, TX 77002                                       |
| TITLE           | Vice Pres/Treasurer <input type="checkbox"/> Delete     |
| NAME            | R. L. Green                                             |
| STREET ADDRESS  | 5959 Las Colinas Blvd.                                  |
| CITY - ST - ZIP | Irving, TX 75039                                        |
| TITLE           | Assistant Secretary <input type="checkbox"/> Delete     |
| NAME            | G. M. Kovacs                                            |
| STREET ADDRESS  | 5959 Las Colinas Blvd.                                  |
| CITY - ST - ZIP | Irving, TX 75039                                        |
| TITLE           | Vice President <input type="checkbox"/> Delete          |
| NAME            | M. A. Curtis                                            |
| STREET ADDRESS  | 800 Bell Street                                         |
| CITY - ST - ZIP | Houston, TX 77002                                       |
| TITLE           | Assistant Secretary <input type="checkbox"/> Delete     |
| NAME            | S. A. Lopez                                             |
| STREET ADDRESS  | 800 Bell Street                                         |
| CITY - ST - ZIP | Houston, TX 77002                                       |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                                                                   |
|-----------------|-------------------------------------------------------------------|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* Assistant Secretary 04/16/01 (713) 656-1807

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

CR2E034 (1/00)