

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90001 023 \*\*\*150.00

**DOCUMENT # 852412**

1. Entity Name

**EXXONMOBIL RISK MANAGEMENT INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**5959 Las Colinas Blvd.**

3. Mailing Address  
**800 Bell Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**2605**

DO NOT WRITE IN THIS SPACE

City & State  
**Irving, TX**

City & State  
**Houston, TX**

4. FEI Number  
**76-0006056**

Applied For  
Not Applicable

Zip Country  
**75039**

Zip Country  
**77002**

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)

**1201 Hays Street**

City

**Tallahassee**

**FL**

Zip Code  
**32301-2525**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President/Director<br/>J. D. Whitelaw<br/>5959 Las Colinas Blvd.<br/>Irving, TX 75039</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Vice Pres/Treasurer/Director<br/>T. M. Chasser<br/>5959 Las Colinas Blvd.<br/>Irving, TX 75039</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Secretary<br/>R. M. Cureton<br/>5959 Las Colinas Blvd.<br/>Irving, TX 75039</b>                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Assistant Secretary<br/>S. A. Lopez<br/>800 Bell Street<br/>Houston, TX 77002</b>                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                       |

|                                                |                                       |
|------------------------------------------------|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

**Steven A. Lopez**  
**Assistant Secretary**

**APR 08 2002**

**(713) 656-1807**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)