

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852412

FILED
Apr 22, 2005
Secretary of State

Entity Name: EXXONMOBIL RISK MANAGEMENT INC.

Current Principal Place of Business:

5959 LAS COLINAS BLVD
IRVING, TX 75039 US

New Principal Place of Business:

Current Mailing Address:

800 BELL ST
#2605
HOUSTON, TX 77002 US

New Mailing Address:

800 BELL ST
RM 2441Q
HOUSTON, TX 77002 US

FEI Number: 76-0006056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOWRY, A. B.
Address: 5959 LAS COLINAS BLVD
City-St-Zip: IRVING, TX 75039

Title: VPTD () Delete
Name: CHASSER, T M
Address: 5959 LAS COLINAS BLVD
City-St-Zip: IRVING, TX 75039

Title: S () Delete
Name: PLEMENOS, TED
Address: 5959 LAS COLINAS BLVD
City-St-Zip: IRVING, TX 75039

Title: AS () Delete
Name: SMOTHERS, LYNN A
Address: 800 BELL ST
City-St-Zip: HOUSTON, TX 77002.

Title: C () Delete
Name: FILIPPI, R.A.
Address: 5959 LAS COLINAS
City-St-Zip: IRVING, TX 75039

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change () Addition
Name: NIELSEN, BRUCE T
Address: 5959 LAS COLINAS BLVD
City-St-Zip: IRVING, TX 75039

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: KRAHULIKI, WILLIAM J
Address: 5959 LAS COLINAS
City-St-Zip: IRVING, TX 75039

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN A. SMOTHERS

AS

04/22/2005

Electronic Signature of Signing Officer or Director

Date