

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 13 PM 3:32

DOCUMENT # **F94000000665 (9)**

1. Corporation Name  
**EXXON WORLDWIDE TRADING COMPANY**

Principal Place of Business      Mailing Address  
**396 ALHAMBRA CIRCLE**      **396 ALHAMBRA CIRCLE**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/10/1994**

2. Principal Place of Business      2a. Mailing Address  
21 **200 Park Avenue**      26 **P O Box 392**

4. FEI Number      Applied For  
**59-1708847**      Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27 **Room 323**

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

City & State      City & State  
23 **Florham Park, NJ**      28 **Houston, Texas**

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

Zip      Country      Zip      Country  
24 **07932**      25      29 **77001-0392**      30

8. This corporation has liability for intangible tax under S. 199.032  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

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

Signature typed or printed name of registered agent and the filer/signator

Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE      **POC**  
NAME      **GIDDINGS, J R**  
STREET ADDRESS      **396 ALHAMBRA CIR.**  
CITY, ST, ZIP      **CORAL GABLES FL 33134**

11 TITLE      **President**       Change       Addition  
12 NAME      **J. R. Giddings**  
13 STREET ADDRESS      **396 Alhambra Cir**  
14 CITY, ST, ZIP      **Coral Gables, FL 33134**

TITLE      **D**  
NAME      **BENGTSON, S R**  
STREET ADDRESS      **396 ALHAMBRA CIR.**  
CITY, ST, ZIP      **CORAL GABLES FL 33134**

21 TITLE      **Director**       Change       Addition  
22 NAME      **C. M. FitzGerald**  
23 STREET ADDRESS      **396 Alhambra Cir**  
24 CITY, ST, ZIP      **Coral Gables, FL 33134**

TITLE      **VD**  
NAME      **BOYATT, M L**  
STREET ADDRESS      **396 ALHAMBRA CIR.**  
CITY, ST, ZIP      **CORAL GABLES FL 33134**

31 TITLE      **VD**       Change       Addition  
32 NAME      **G. E. Olsen**  
33 STREET ADDRESS      **396 Alhambra Cir**  
34 CITY, ST, ZIP      **Coral Gables, FL 33134**

TITLE      **S**  
NAME      **MCCAMMON, R H**  
STREET ADDRESS      **396 ALHAMBRA CIR.**  
CITY, ST, ZIP      **CORAL GABLES FL 33134**

41 TITLE      **Secretary**       Change       Addition  
42 NAME      **P. H. Kontje**  
43 STREET ADDRESS      **200 Park Avenue**  
44 CITY, ST, ZIP      **Florham Park, NJ 07932**

TITLE      **T**  
NAME      **RYAN, G J**  
STREET ADDRESS      **396 ALHAMBRA CIR.**  
CITY, ST, ZIP      **CORAL GABLES FL 33134**

51 TITLE      **Treasurer**       Change       Addition  
52 NAME      **C. R. Varma**  
53 STREET ADDRESS      **200 Park Avenue**  
54 CITY, ST, ZIP      **Florham Park, NJ 07932**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

61 TITLE       Change       Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 the 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: *Joseph G. Lynch*      **Joseph G. Lynch**      **4-3-95**      **(713) 656-1807**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR