

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90005 041 ***150.00

DOCUMENT # F94000000665

1. Entity Name
EXXON WORLDWIDE TRADING COMPANY

Principal Place of Business 200 PARK AVENUE FLORHAM PARK NJ 07932 US	Mailing Address P.O. BOX 392 ROOM 323 HOUSTON TX 77001-0392 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P. O. Box 392 Suite, Apt. #, etc. 2605
City & State	City & State Houston, TX
Zip	Country
77001-0392	Harris



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1708847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUSTON, D.M. 200 PARK AVENUE FLORHAM PARK NJ <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition L. J. Cavanaugh 200 Park Avenue Florham Park, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, C. M 396 ALHAMBRA CIR. CORAL GABLES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M. J. Dizio 200 Park Avenue Florham Park, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLSEN, G. E 396 ALHAMBRA CIR. CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition G. E. Olsen 200 Park Avenue Florham Park, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAULE, D R 200 PARK AVENUE FLORHAM PARK NJ 07932 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VARMA, C. K 200 PARK AVENUE FLORHAM PARK NJ <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P. B. Baker 200 Park Avenue Florham Park, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LYNCH, JOSEPH G. 800 BELL STREET HOUSTON TX <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S. A. Lopez 800 Bell Houston, TX 77002

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: **Steven A. Lopez, Assistant Secretary 4/6/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)