2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#829096

Entity Name: EXXON MOBIL CORPORATION

FILED Jan 24, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
5959 LAS COLINAS BLVD. IRVING, TX 75039 US								
Current Mailing Address:				New Mailing Address:				
800 BELL STREET ROOM 2441Q HOUSTON, TX 77002				800 BELL STREET CORP EMB ROOM 2441Q HOUSTON, TX 77002				
FEI Number: 13-5409005 FEI Number Applied For () FEI Num				nber Not Appli	Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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.								
in the State of Florida. SIGNATURE:								
Electronic Signature of Registered Agent					 Date			
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS: ADD					S/CHANGES 1	O OFFI	CERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () I TILLERSON, RE 5959 LAS COLIN IRVING, TX 750	IAS BLVD.		Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	VP () I MATTHEWS, CH 5959 LAS COLIN IRVING, TX			Title: Name: Address: City-St-Zip:	() (Change () Addition	
Title: Name: Address: City-St-Zip:	AS () I SMOTHERS, LYI 800 BELL STREI HOUSTON, TX 7	ET		Title: Name: Address: City-St-Zip:	AS (X) JORDAN, ROBE 800 BELL STRE HOUSTON, TX 7	ET) Addition	
Title: Name: Address: City-St-Zip:	BOSKIN, MICHAI	UTION, ROOM 213-HHMB		Title: Name: Address: City-St-Zip:	() (Change () Addition	
Title: Name: Address: City-St-Zip:	D () [LONGWELL, HA 5959 LAS COLIN IRVING, TX 750	IAS BLVD.		Title: Name: Address: City-St-Zip:	VP (X) CRAMER, HARO 3225 GALLOWS FAIRFAX, VA 22	RD.) Addition	
Title: Name: Address: City-St-Zip:	S () I HUBBLE, HENRY 5959 LAS COLIN IRVING, TX 750	IAS BLVD.		Title: Name: Address: City-St-Zip:	() (Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT W. JORDAN AS 01/24/2006