

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 22, 2008
Secretary of State**

DOCUMENT# 829096

Entity Name: EXXON MOBIL CORPORATION

Current Principal Place of Business:

5959 LAS COLINAS BLVD.
IRVING, TX 75039 US

New Principal Place of Business:

Current Mailing Address:

5959 LAS COLINAS BLVD.
IRVING, TX 75039 US

New Mailing Address:

FEI Number: 13-5409005 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TILLERSON, REX W
Address: 5959 LAS COLINAS BLVD.
City-St-Zip: IRVING, TX 75039

Title: VP () Delete
Name: MATTHEWS, CHARLES W.
Address: 5959 LAS COLINAS BLVD
City-St-Zip: IRVING, TX 75039

Title: AS () Delete
Name: JENKINS, NATE H
Address: 5959 LS COLINAS BLVD
City-St-Zip: IRVING, TX 75037

Title: D () Delete
Name: BOSKIN, MICHAEL J
Address: HOOVER INSTITUTION, ROOM 213-HHMB
City-St-Zip: STANFORD, CA 94305

Title: VPT () Delete
Name: HUBBLE, HENRY H
Address: 5959 LAS COLINAS BLVD.
City-St-Zip: IRVING, TX 75039 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VP () Change (X) Addition
Name: CRAMER, HAROLD
Address: 5959 LAS COLINAS BLVD
City-St-Zip: IRVING, TX 75039 US

I hereby certify that the information supplied with this filing does not qualify 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: NATE H JENKINS

AS

08/22/2008

Electronic Signature of Signing Officer or Director

_____ Date