

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 817423

**Entity Name:** EXXONMOBIL INTER-AMERICA INC.

**Current Principal Place of Business:**

22777 SPRINGWOODS VILLAGE PARKWAY  
SPRING, TX 77389

**Current Mailing Address:**

22777 SPRINGWOODS VILLAGE PARKWAY  
SPRING, TX 77389 US

**FEI Number: 13-6044290**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           BERTHIAUX, NICOLAS L  
Address        22777 SPRINGWOODS VILLAGE  
                  PARKWAY  
City-State-Zip: SPRING TX 77389

Title           DIRECTOR, VP, TREASURER  
Name           SULZER, ERIC F  
Address        22777 SPRINGWOODS VILLAGE  
                  PARKWAY  
City-State-Zip: SPRING TX 77389

Title           DIRECTOR, VP  
Name           YATAURO, STEVEN A  
Address        22777 SPRINGWOODS VILLAGE  
                  PARKWAY  
City-State-Zip: SPRING TX 77389

Title           SECRETARY  
Name           SCHMOKER, JULIANA L  
Address        22777 SPRINGWOODS VILLAGE  
                  PARKWAY  
City-State-Zip: SPRING TX 77389

Title           CONTROLLER  
Name           KIRSCHBAUM, JEROEN A  
Address        22777 SPRINGWOODS VILLAGE  
                  PARKWAY  
City-State-Zip: SPRING TX 77389

Title           ASST. SECRETARY  
Name           SIMON, JASON P  
Address        22777 SPRINGWOODS VILLAGE  
                  PARKWAY  
City-State-Zip: SPRING TX 77389

*I hereby 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 all other like empowered.*

**SIGNATURE: JASON P SIMON**

**ASST SECRETARY**

**04/16/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date