

**2024 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, VP, TREASURER  
Name HANSEN, SEAN P  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title DIRECTOR, PRESIDENT  
Name SCHNEIDER, ERYN C  
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 GLAZE, MONICA D  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title CONTROLLER  
Name NEMCIK, JACQUELYN  
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**

**04/23/2024**

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

\_\_\_\_\_  
Date