

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 817423

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

**Current Principal Place of Business:**

3225 GALLOWS ROAD  
FAIRFAX, VA 22037

**Current Mailing Address:**

3225 GALLOWS ROAD  
FAIRFAX, VA 22037

**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 PD  
Name SMITH, SIMON M  
Address C/O ATTN: FFX OFFICE OF SECRETARY  
3225 GALLOWS RD.  
City-State-Zip: FAIRFAX VA 22037

Title D  
Name JAMES, JIMMIE E  
Address C/O ATTN: FFX OFFICE OF SECRETARY  
3225 GALLOWS RD.  
City-State-Zip: FAIRFAX VA 22037

Title DT  
Name BARLOW, SCOTT D  
Address C/O ATTN: FFX OFFICE OF SECRETARY  
3225 GALLOWS RD.  
City-State-Zip: FAIRFAX VA 22037

Title D  
Name VEGA, LUIS ENRIQUE  
Address C/O ATTN: FFX OFFICE OF SECRETARY  
3225 GALLOWS RD.  
City-State-Zip: FAIRFAX VA 22037

Title S  
Name GAVRON, CATHERINE J  
Address C/O ATTN: FFX OFFICE OF SECRETARY  
3225 GALLOWS RD.  
City-State-Zip: FAIRFAX VA 22037

Title ASST. SECRETARY  
Name WEBB, JOEL  
Address C/O ATTN: FFX OFFICE OF SECRETARY  
3225 GALLOWS RD.  
City-State-Zip: FAIRFAX VA 22037

*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: JOEL WEBB**

**AUTHORIZED PERSON**

**04/29/2013**

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

\_\_\_\_\_  
Date