

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 829096

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC5967674825**

**Entity Name:** EXXON MOBIL CORPORATION

**Current Principal Place of Business:**

5959 LAS COLINAS BLVD.  
IRVING, TX 75039

**Current Mailing Address:**

5959 LAS COLINAS BLVD.  
IRVING, TX 75039 US

**FEI Number:** 13-5409005

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 TILLERSON, REX W  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title T  
Name SCHLECKSER, ROBERT N  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title S  
Name ROSENTHAL, DAVID S  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title D  
Name BOSKIN, MICHAEL J  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title D  
Name BURNS, URSULA M  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title D  
Name FORE, HENRIETTA H  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title D  
Name BRABECK-LETMATHE, PETER  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title D  
Name PALMISANO, SAMUEL J  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

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*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

**Officer/Director Detail Continued :**

Title D  
Name REINEMUND, STEVEN S  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title D  
Name FAULKNER, LARRY R  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title D  
Name FRAZIER, KENNETH  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title ASST. SECRETARY  
Name WEBB, JOEL  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title D  
Name FISHMAN, JAY S  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title D  
Name WHITACRE, EDWARD E  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title D  
Name GEORGE, WILLIAM  
Address C/O 5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039