

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852412

Entity Name: EXXONMOBIL RISK MANAGEMENT INC.**Current Principal Place of Business:**5959 LAS COLINAS BOULEVARD
IRVING, TX 75039-2298**Current Mailing Address:**5959 LAS COLINAS BOULEVARD
IRVING, TX 75039-2298 US**FEI Number:** 76-0006056**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 DIRECTOR, VP, TREASURER
Name GUTIERREZ, JAIME A
Address 5959 LAS COLINAS BOULEVARD
City-State-Zip: IRVING TX 75039-2298

Title DIRECTOR
Name LYNN, JEFFREY S
Address 5959 LAS COLINAS BOULEVARD
City-State-Zip: IRVING TX 75039-2298

Title DIRECTOR, PRESIDENT
Name NIELSEN, BRUCE T
Address 5959 LAS COLINAS BOULEVARD
City-State-Zip: IRVING TX 75039-2298

Title VP
Name RAPEE, ALAN W
Address 5959 LAS COLINAS BOULEVARD
City-State-Zip: IRVING TX 75039-2298

Title GENERAL COUNSEL
Name NEAGLI, DOUGLAS B
Address 5959 LAS COLINAS BOULEVARD
City-State-Zip: IRVING TX 75039-2298

Title SECRETARY
Name CLOUTHIER, MARIE A
Address 5959 LAS COLINAS BOULEVARD
City-State-Zip: IRVING TX 75039-2298

Title CONTROLLER
Name GRAJALES, LUIS A
Address 5959 LAS COLINAS BOULEVARD
City-State-Zip: IRVING TX 75039-2298

Title ASST. SECRETARY
Name WEBB, JOEL
Address 5959 LAS COLINAS BOULEVARD
City-State-Zip: IRVING TX 75039-2298

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**ASST SECRETARY****04/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date