#### 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005744

Entity Name: EXXONMOBIL ENVIRONMENTAL SERVICES COMPANY

FILED
Apr 28, 2017
Secretary of State
CC0107461830

**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: 77-0693424 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
 Title
 DIRECTOR, VP

 Name
 PARKER, TARA COLVARD
 Name
 PEARSON, CLIFF L

Address 22777 SPRINGWOODS VILLAGE Address 22777 SPRINGWOODS VILLAGE

PARKWAY

**PARKWAY** 

City-State-Zip: SPRING TX 77389 City-State-Zip: SPRING TX 77389

Title DIRECTOR, PRESIDENT Title VP

Name TALLEY, DARRIN L Name PARKER, ROBERT A (BOB)

Address 22777 SPRINGWOODS VILLAGE Address 22777 SPRINGWOODS VILLAGE

PARKWAY

**PARKWAY** 

City-State-Zip: SPRING TX 77389 City-State-Zip: SPRING TX 77389

 Title
 VP
 Title
 SECRETARY

 Name
 STALLMAN, PHILIP M
 Name
 SCHMOKER, J.L.

Address 22777 SPRINGWOODS VILLAGE Address 22777 SPRINGWOODS VILLAGE

PARKWAY PARKWAY

City-State-Zip: SPRING TX 77389 City-State-Zip: SPRING TX 77389

Title TREASURER Title CONTROLLER

Name BURCHFIEL, MICHELLE L Name WILLOUGHBY, ZAIN C.

Address 22777 SPRINGWOODS VILLAGE Address 22777 SPRINGWOODS VILLAGE

PARKWAY PARKWAY

City-State-Zip: SPRING TX 77389 City-State-Zip: SPRING TX 77389

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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 ASST SECRETARY 04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title ASST. SECRETARY

Name WEBB, JOEL

Address 22777 SPRINGWOODS VILLAGE PARKWAY

City-State-Zip: SPRING TX 77389