

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005744

**Entity Name:** EXXONMOBIL ENVIRONMENTAL AND PROPERTY SOLUTIONS  
COMPANY**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**3282034771CC****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  
Name MACHADO, OSWALD J  
Address 22777 SPRINGWOODS VILLAGE  
PARKWAY  
City-State-Zip: SPRING TX 77389

Title DIRECTOR, VP  
Name RUDISILL, JOHN L  
Address 22777 SPRINGWOODS VILLAGE  
PARKWAY  
City-State-Zip: SPRING TX 77389

Title VP  
Name PARKER, ROBERT A (BOB)  
Address 22777 SPRINGWOODS VILLAGE  
PARKWAY  
City-State-Zip: SPRING TX 77389

Title TREASURER  
Name STEEPLES, FLINT M  
Address 22777 SPRINGWOODS VILLAGE  
PARKWAY  
City-State-Zip: SPRING TX 77389

Title DIRECTOR, VP  
Name WILLIAMS, BYRON  
Address 22777 SPRINGWOODS VILLAGE  
PARKWAY  
City-State-Zip: SPRING TX 77389

Title DIRECTOR, PRESIDENT  
Name SEE, KOK-YEW  
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 WILLOUGHBY, ZAIN C  
Address 22777 SPRINGWOODS VILLAGE  
PARKWAY  
City-State-Zip: SPRING TX 77389

**Continues on page 2**

*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: LORI GUGLIELMINI****ASST SECRETARY****01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	ASST. SECRETARY
Name	GUGLIELMINI, LORI
Address	22777 SPRINGWOODS VILLAGE PARKWAY
City-State-Zip:	SPRING TX 77389