

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 813827

FILED  
Aug 22, 2008  
Secretary of State

Entity Name: EXXONMOBIL OIL CORPORATION

## Current Principal Place of Business:

5959 LAS COLINAS BLVD  
IRVING, TX 75039 US

## New Principal Place of Business:

## Current Mailing Address:

5959 LAS COLINAS BLVD  
IRVING, TX 75039 US

## New Mailing Address:

FEI Number: 13-5401570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COLTON, W M  
Address: 5959 LAS COLINAS BLVD  
City-St-Zip: IRVING, TX 75039

Title: VPD ( ) Delete  
Name: HUBBLE, HENRY H  
Address: 5959 LAS COLINAS BLVD  
City-St-Zip: IRVING, TX 75039

Title: SEC ( ) Delete  
Name: GILL, THOMAS J  
Address: 5959 LAS COLINAS BLVD  
City-St-Zip: IRVING, TX 75039

Title: TRES ( ) Delete  
Name: DRUMHELLER, DEBRA D  
Address: 5959 LAS COLINAS BLVD  
City-St-Zip: IRVING, TX 75039

Title: VPD ( ) Delete  
Name: MULVA, P T  
Address: 5959 LAS COLINAS BLVD  
City-St-Zip: IRVING, TX 75039

Title: AS ( ) Delete  
Name: JENKINS, NATE H  
Address: 5959 LAS COLINAS BLVD  
City-St-Zip: IRVING, TX 75039

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CRAMER, HAROLD  
Address: 5959 LAS COLINAS BLVD  
City-St-Zip: IRVING, TX 75039

Title: T (X) Change ( ) Addition  
Name: LEVY, DAVID  
Address: 5959 LAS COLINAS BLVD  
City-St-Zip: IRVING, TX 75039

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NATE H JENKINS

AS

08/22/2008

Electronic Signature of Signing Officer or Director

Date