

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90651 037 \*\*\*150.00

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<b>DOCUMENT #</b>	<b>F00000006153</b>
<b>1. Entity Name</b> <b>EXXONMOBIL SALES AND SUPPLY CORPORATION</b>	

<b>Principal Place of Business</b> <b>3225 GALLOWES ROAD</b> <b>FAIRFAX VA 22037</b>	<b>Mailing Address</b> <b>ATTN STATE TAX DEPT</b> <b>800 BELL STREET RM 2605</b> <b>HOUSTON TX 77002</b>
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> <b>13-1995021</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

<b>8. 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.</b>	
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>DATE</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PCD</b> <b>HOUSTON, D M</b> <b>3225 GALLOWES ROAD</b> <b>FAIRFAX VA 22037</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VDD</b> <b>BERRY, G W</b> <b>3225 GALLOWES ROAD</b> <b>FAIRFAX VA 22037</b> <input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <b>CAVANAUGH, L J</b> <b>3225 GALLOWES ROAD</b> <b>FAIRFAX VA 22037</b> <input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <b>HOLMES, J W</b> <b>3225 GALLOWES ROAD</b> <b>FAIRFAX VA 22037</b> <input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>MCCOY, E I</b> <b>MOBILE COURT, 3 CLEMENTS INN</b> <b>LONDON, SW1E SJW, ENGLAND</b> <input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VICE PRESIDENT/DIRECTOR</b> <b>ELLIS, P. P.</b> <b>3225 Gallowes Road</b> <b>Fairfax, Va 22037</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SECRETARY</b> <b>DIAZ, S. L.</b> <b>3225 GALLOWES ROAD</b> <b>FAIRFAX, VA 22037</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TREASURER</b> <b>DRUMHELLER, D. D.</b> <b>3225 GALLOWES ROAD</b> <b>FAIRFAX, VA 22037</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>ASST. SECRETARY</b> <b>LOPEZ, S. A.</b> <b>800 BELL STREET</b> <b>HOUSTON, TEXAS 77002</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DIRECTOR</b> <b>BROWNING, P. D.</b> <b>3225 Gallowes Road</b> <b>FAIRFAX, VA 22037</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> 	<b>04/05/02</b> <small>Date</small>	<b>(713) 656-1807</b> <small>Daytime Phone #</small>
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CR2E034 (9/01)