

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000108

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** EXXONMOBIL GLOBAL SERVICES COMPANY

**Current Principal Place of Business:**

800 BELL STREET  
HOUSTON, TX 77002 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 BELL STREET  
HOUSTON, TX 77002 US

**New Mailing Address:**

**FEI Number:** 76-0555056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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  
Name: CHAPMAN, N. A  
Address: 800 BELL STREET  
City-St-Zip: HOUSTON, TX 77002

Title: S  
Name: KISHINEVSKY, SOPHIA  
Address: 800 BELL STREET  
City-St-Zip: HOUSTON, TX 77002

Title: T  
Name: COMER, H. M  
Address: 800 BELL STREET  
City-St-Zip: HOUSTON, TX 77002

Title: VPD  
Name: BADERSCHNEIDER, JEAN A  
Address: 800 BELL STREET  
City-St-Zip: HOUSTON, TX 77002

Title: DC  
Name: EVANS, CHARLES I R  
Address: 800 BELL STREET  
City-St-Zip: HOUSTON, TX 77002

Title: AS  
Name: JENKINS, NATE H  
Address: 800 BELL STREET  
City-St-Zip: HOUSTON, TX 77002

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: NATE H. JENKINS

AS

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date