

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815544

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: EXXONMOBIL PIPELINE 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:**

800 BELL STREET  
ROOM 2441  
HOUSTON, TX 77002 US

FEI Number: 74-1394512      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 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TUDOR, M P  
Address: 800 BELL STREET  
City-St-Zip: HOUSTON, TX

Title: D ( ) Delete  
Name: HOUSTON, DENNIS M  
Address: 800 BELL STREET  
City-St-Zip: HOUSTON, TX 77002

Title: D ( ) Delete  
Name: TURNER, A K  
Address: 800 BELL STREET  
City-St-Zip: HOUSTON, TX 77002

Title: S ( ) Delete  
Name: MORRIS, CHESTER  
Address: 800 BELL ST.  
City-St-Zip: HOUSTON, TX 77002

Title: V ( ) Delete  
Name: RUSSELL, JOHN F  
Address: 800 BELL ST  
City-St-Zip: HOUSTON, TX 77002

Title: AS ( ) Delete  
Name: SMOTHERS, LYNN A  
Address: 800 BELL ST  
City-St-Zip: HOUSTON, TX 77002

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: HOUSTON, D M  
Address: 800 BELL STREET  
City-St-Zip: HOUSTON, TX 77002

Title: D (X) Change ( ) Addition  
Name: DUPRE, J Y  
Address: 800 BELL STREET  
City-St-Zip: HOUSTON, TX 77002

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

Title: T (X) Change ( ) Addition  
Name: THOMSON, A E  
Address: 3225 GALLOWS ROAD  
City-St-Zip: FAIRFAX, VA 22037

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNN A SMOTHERS

AS

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date