

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 815544

**FILED**  
**Apr 22, 2019**  
**Secretary of State**  
**9019392036CC**

**Entity Name:** EXXONMOBIL PIPELINE COMPANY

**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:** 74-1394512

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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  
Name COBB, AARON S  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title DIRECTOR, PRESIDENT  
Name FREY, GERALD S  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title DIRECTOR  
Name HOBBS, KEVIN L  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title DIRECTOR, VP  
Name JONES, JOHNITA D  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title VP  
Name HERMOSILLO, JESUS CARLOS  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title VP  
Name JANKE, HARRY  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title SECRETARY  
Name KISHINEVSKY, SOPHIA  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title TREASURER  
Name STURKENBOOM, JORN  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

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*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:** JOEL WEBB

**ASST. SECRETARY**

**04/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           CONTROLLER  
Name           HAYES, ANDY B  
Address        22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

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