

**2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 815544

**FILED**  
**Aug 06, 2020**  
**Secretary of State**  
**7950484223CC**

**Entity Name:** EXXONMOBIL PIPELINE COMPANY

**Current Principal Place of Business:**

22777 SPRINGWOODS VILLAGE PARKWAY  
SPRING, TX 77389

**Current Mailing Address:**

P.O. BOX 9677  
SPRING, TX 77387 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, PRESIDENT  
Name FREY, GERALD S  
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 JANKE, HARRY  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title SECRETARY  
Name SAGE, A. MICKI  
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

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

Title DIRECTOR  
Name WESLEY, BRYAN W  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title ASST. SECRETARY  
Name MEURER, CHARLES D  
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: A. MICKI SAGE**

**SECRETARY**

**08/06/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name SCHMOKER, JULIANA L  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title ASST. TREASURER  
Name RICE, ROBERT W  
Address 22777 SPRINGWOODS VILLAGE PARKWAY  
City-State-Zip: SPRING TX 77389

Title ASST. TREASURER  
Name BUCHANAN, SUSAN E  
Address 22777 SPRINGWOODS VILLAGE  
PARKWAY  
City-State-Zip: SPRING TX 77389

Title ASST. TREASURER  
Name YOUNG, PATRICK M  
Address 22777 SPRINGWOODS VILLAGE  
PARKWAY  
City-State-Zip: SPRING TX 77389