

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815544

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 PRESIDENT, DIRECTOR
Name YATAURO, STEVE
Address 22777 SPRINGWOODS VILLAGE
 PARKWAY
City-State-Zip: SPRING TX 77389

Title DIRECTOR, VP
Name JONES, JOHNTA 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 ANGELOS, JOHN P
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 SIMON, JASON P
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: JASON P SIMON

ASST SECRETARY

04/17/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name TROY, AARON J
Address 22777 SPRINGWOODS VILLAGE PARKWAY
City-State-Zip: SPRING TX 77389