

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 14 PM 3:32

DOCUMENT # **852412** (6)

1. Corporation Name

**EXXON RISK MANAGEMENT SERVICES, INC.**

Principal Place of Business

16825 NORTHCHASE  
HOUSTON TX 77060  
US

Mailing Address

800 BELL ST  
ROOM 493  
HOUSTON TX 77060  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/01/1982

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

76-0006056

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

Room 323

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
WHITELAW, J.D.  
225 E JOHN W CARPENTER FRWY  
IRVING TX

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S  
KOVACS, GEROLDINE M  
225 E JOHN W CARPENTER FRWY  
IRVING TX

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VD  
CHASSER, THOMAS M  
4550 DACOMA  
HOUSTON TX

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V  
SULLIVAN, PAUL E  
800 BELL ST  
HOUSTON TX

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VT  
GREEN, RICHARD L  
225 E JOHN W CARPENTER FRWY  
IRVING TX

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

AS  
LYNCH, JOSEPH G  
800 BELL ST  
HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

Change  Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

Change  Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

Change  Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Vice Pres.  
David L. Hinshaw  
800 Bell St.  
Houston, TX 77002

Change  Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change  Addition

64 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph G. Lynch*  
Signature and typed or printed name of signing officer or director  
Assistant Secretary

Joseph G. Lynch 4-3-95 (713) 656-1807