

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90001 023 ***150.00

DOCUMENT # 852412

1. Entity Name

EXXONMOBIL RISK MANAGEMENT INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5959 Las Colinas Blvd.

3. Mailing Address
800 Bell Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2605

DO NOT WRITE IN THIS SPACE

City & State
Irving, TX

City & State
Houston, TX

4. FEI Number
76-0006056

Applied For
Not Applicable

Zip
75039

Country

Zip
77002

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code
32301-2525

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director J. D. Whitelaw 5959 Las Colinas Blvd. Irving, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres./Treasurer/Director T. M. Chasser 5959 Las Colinas Blvd. Irving, Tx 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary R. M. Cureton 5959 Las Colinas Blvd. Irving, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary S. A. Lopez 800 Bell Street Houston, TX 77002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with another like empowered.

SIGNATURE:

S. A. Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven A. Lopez
Assistant Secretary

APR 08 2002

Date

(713) 656-1807

Daytime Phone #

CR2E034B (12/01)