

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90373 028 ***150.00

0613260 AV

DOCUMENT # 852412



1. Entity Name
EXXONMOBIL RISK MANAGEMENT INC.

Principal Place of Business
**5959 LAS COLINAS BLVD
IRVING TX 75039
US**

Mailing Address
**800 BELL ST
ROOM 323
HOUSTON TX 77060
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

800 Bell Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2605

City & State

City & State

Houston, TX

4. FEI Number **76-0006056**

Applied For

Not Applicable

Zip

Country

Zip

Country

77002

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITELAW, J.D. 5959 LAS COLINAS BLVD IRVING TX 75039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHASSER, T M 16825 NORTHCHASE HOUSTON TX 77002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GREEN, R L 5959 LAS COLINAS BLVD IRVING TX 75039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KOVACS, G M 5959 LAS COLINAS BLVD IRVING TX 75039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURTIS, M A 800 BELL ST HOUSTON TX 77002	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LOPEZ, S A 800 BELL ST HOUSTON TX 77002	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD A. B. Lowry 5959 Las Colinas Blvd. Irving, TX 75039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/D T. M. Chasser 5959 Las Colinas Blvd. Irving, TX 75039	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary R. M. Cureton 5959 Las Colinas Blvd. Irving, TX 75039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary R. O. Katz 800 Bell Street Houston, TX 77002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller R. A. Filippi 5959 Las Colinas Irving, TX 75039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert O. Katz* SIGNATURE REQUIRED: **Robert O. Katz** Assistant Secretary **44-01** (713) 656-5022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)