

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852412

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: EXXONMOBIL RISK MANAGEMENT INC.

**Current Principal Place of Business:**

5959 LAS COLINAS BLVD  
IRVING, TX 75039 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 BELL ST  
#2605  
HOUSTON, TX 77002 US

**New Mailing Address:**

800 BELL ST  
RM 2441Q  
HOUSTON, TX 77002 US

FEI Number: 76-0006056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOWRY, A. B.  
Address: 5959 LAS COLINAS BLVD  
City-St-Zip: IRVING, TX 75039

Title: VPTD ( ) Delete  
Name: CHASSER, T M  
Address: 5959 LAS COLINAS BLVD  
City-St-Zip: IRVING, TX 75039

Title: S ( ) Delete  
Name: PLEMENOS, TED  
Address: 5959 LAS COLINAS BLVD  
City-St-Zip: IRVING, TX 75039

Title: AS ( ) Delete  
Name: SMOTHERS, LYNN A  
Address: 800 BELL ST  
City-St-Zip: HOUSTON, TX 77002.

Title: C ( ) Delete  
Name: FILIPPI, R.A.  
Address: 5959 LAS COLINAS  
City-St-Zip: IRVING, TX 75039

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPTD (X) Change ( ) Addition  
Name: NIELSEN, BRUCE T  
Address: 5959 LAS COLINAS BLVD  
City-St-Zip: IRVING, TX 75039

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C (X) Change ( ) Addition  
Name: KRAHULIKI, WILLIAM J  
Address: 5959 LAS COLINAS  
City-St-Zip: IRVING, TX 75039

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LYNN A. SMOTHERS

AS

04/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date