

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 852412

**Entity Name:** EXXONMOBIL RISK MANAGEMENT INC.

**Current Principal Place of Business:**

5959 LAS COLINAS BLVD  
IRVING, TX 75039

**Current Mailing Address:**

5959 LAS COLINAS BLVD  
IRVING, TX 75039 US

**FEI Number: 76-0006056**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 PD  
Name LOWRY, ARTHUR B  
Address C/O ATTN: IOOS OFFICE OF THE SECRETARY  
5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title TD  
Name NIELSEN, BRUCE T  
Address C/O ATTN: IOOS OFFICE OF THE SECRETARY  
5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title S  
Name WEBB, JOEL P  
Address C/O ATTN: IOOS OFFICE OF THE SECRETARY  
5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

Title D  
Name SHAE, C.C. (KATE)  
Address C/O ATTN: IOOS OFFICE OF THE SECRETARY  
5959 LAS COLINAS BLVD.  
City-State-Zip: IRVING TX 75039

*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: JOEL P WEBB**

**SECRETARY**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date