

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852412

Entity Name: EXXONMOBIL RISK MANAGEMENT INC.

Current Principal Place of Business:

5959 LAS COLINAS BLVD
IRVING, TX 75039-2298

Current Mailing Address:

5959 LAS COLINAS BLVD
IRVING, TX 75039-2298 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 NIELSEN, BRUCE T
Address C/O EXXONMOBIL RISK
MANAGEMENT INC.
5959 LAS COLINAS BOULEVARD
City-State-Zip: IRVING TX 75039-2298

Title TREASURER, VP, DIRECTOR
Name GUTIERREZ, JAIME A
Address C/O EXXONMOBIL RISK
MANAGEMENT INC.
5959 LAS COLINAS BOULEVARD
City-State-Zip: IRVING TX 75039-2298

Title S
Name WEBB, JOEL P
Address C/O EXXONMOBIL RISK
MANAGEMENT INC.
5959 LAS COLINAS BOULEVARD
City-State-Zip: IRVING TX 75039-2298

Title D
Name SHAE, C.C. (KATE)
Address C/O EXXONMOBIL RISK
MANAGEMENT INC.
5959 LAS COLINAS BOULEVARD
City-State-Zip: IRVING TX 75039-2298

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

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date