

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 852412

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

**Current Principal Place of Business:**

5959 LAS COLINAS BOULEVARD  
IRVING, TX 75039-2298

**Current Mailing Address:**

5959 LAS COLINAS BOULEVARD  
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            PRESIDENT, DIRECTOR  
Name            NIELSEN, BRUCE T.  
Address        ATTN: OFFICE OF THE SECRETARY  
                  5959 LAS COLINAS BOULEVARD  
City-State-Zip: IRVING TX 75039-2298

Title            DIRECTOR, TREASURER, VP  
Name            GUTIERREZ, JAIME A.  
Address        ATTN: OFFICE OF THE SECRETARY  
                  5959 LAS COLINAS BOULEVARD  
City-State-Zip: IRVING TX 75039-2298

Title            S  
Name            WEBB, JOEL P.  
Address        ATTN: OFFICE OF THE SECRETARY  
                  5959 LAS COLINAS BOULEVARD  
City-State-Zip: IRVING TX 75039-2298

Title            D  
Name            SHAE, C.C. (KATE)  
Address        ATTN: OFFICE OF THE SECRETARY  
                  5959 LAS COLINAS BOULEVARD  
City-State-Zip: IRVING TX 75039-2298

Title            VP  
Name            KIYFES, ANDREW  
Address        ATTN: OFFICE OF THE SECRETARY  
                  5959 LAS COLINAS BOULEVARD  
City-State-Zip: IRVING TX 75039-2298

Title            CONTROLLER  
Name            GALLAGHER, PAUL RICHARD  
Address        ATTN: OFFICE OF THE SECRETARY  
                  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**

**04/29/2015**

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

\_\_\_\_\_  
Date