

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 852412

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC7236026972**

**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 DIRECTOR, VP, TREASURER  
Name GUTIERREZ, JAIME A  
Address 5959 LAS COLINAS BOULEVARD  
City-State-Zip: IRVING TX 75039-2298

Title DIRECTOR  
Name LYNN, JEFFREY S  
Address 5959 LAS COLINAS BOULEVARD  
City-State-Zip: IRVING TX 75039-2298

Title DIRECTOR, PRESIDENT  
Name NIELSEN, BRUCE T  
Address 5959 LAS COLINAS BOULEVARD  
City-State-Zip: IRVING TX 75039-2298

Title VP  
Name RAPEE, ALAN W  
Address 5959 LAS COLINAS BOULEVARD  
City-State-Zip: IRVING TX 75039-2298

Title GENERAL COUNSEL  
Name NEAGLI, DOUGLAS B  
Address 5959 LAS COLINAS BOULEVARD  
City-State-Zip: IRVING TX 75039-2298

Title SECRETARY  
Name CLOUTHIER, MARIE A  
Address 5959 LAS COLINAS BOULEVARD  
City-State-Zip: IRVING TX 75039-2298

Title CONTROLLER  
Name GRAJALES, LUIS A  
Address 5959 LAS COLINAS BOULEVARD  
City-State-Zip: IRVING TX 75039-2298

Title ASST. SECRETARY  
Name WEBB, JOEL  
Address 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 WEBB**

**ASST SECRETARY**

**04/28/2017**

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

\_\_\_\_\_  
Date