### 2022 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

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

# FILED Apr 19, 2022 Secretary of State 2294811750CC

Date

Certificate of Status Desired: No

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

## Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR, VP, TREASURER
Name	PETERS, ANTONY E	Name	GENTRY, JOHN A
Address	5959 LAS COLINAS BOULEVARD	Address	5959 LAS COLINAS BOULEVARD
City-State-Zip:	IRVING TX 75039-2298	City-State-Zip:	IRVING TX 75039-2298
Title	DIRECTOR, PRESIDENT	Title	VP
Name	GILROY, MICHAEL J	Name	RAPEE, ALAN W
Address	5959 LAS COLINAS BOULEVARD	Address	5959 LAS COLINAS BOULEVARD
City-State-Zip:	IRVING TX 75039-2298	City-State-Zip:	IRVING TX 75039-2298
Title	GENERAL COUNSEL	Title	SECRETARY
Title Name	GENERAL COUNSEL GILCHRIST, ANDREW M	Title Name	SECRETARY PHILLIPS, JANICE M
Name	GILCHRIST, ANDREW M	Name	PHILLIPS, JANICE M
Name Address	GILCHRIST, ANDREW M 5959 LAS COLINAS BOULEVARD	Name Address	PHILLIPS, JANICE M 5959 LAS COLINAS BOULEVARD
Name Address City-State-Zip:	GILCHRIST, ANDREW M 5959 LAS COLINAS BOULEVARD IRVING TX 75039-2298	Name Address City-State-Zip:	PHILLIPS, JANICE M 5959 LAS COLINAS BOULEVARD IRVING TX 75039-2298
Name Address City-State-Zip: Title	GILCHRIST, ANDREW M 5959 LAS COLINAS BOULEVARD IRVING TX 75039-2298 CONTROLLER	Name Address City-State-Zip: Title	PHILLIPS, JANICE M 5959 LAS COLINAS BOULEVARD IRVING TX 75039-2298 ASST. SECRETARY

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: JASON P SIMON

ASST SECRETARY

04/19/2022

Electronic Signature of Signing Officer/Director Detail

Date