

2023 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 852412

Entity Name: EXXONMOBIL RISK MANAGEMENT INC.

Current Principal Place of Business:

22777 SPRINGWOODS VILLAGE PARKWAY
SPRING, TX 77389

Current Mailing Address:

22777 SPRINGWOODS VILLAGE PARKWAY
SPRING, TX 77389 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, PRESIDENT, TREASURER
Name GENTRY, JOHN A
Address 22777 SPRINGWOODS VILLAGE PARKWAY
City-State-Zip: SPRING TX 77389

Title DIRECTOR
Name PETERS, ANTONY E
Address 22777 SPRINGWOODS VILLAGE PARKWAY
City-State-Zip: SPRING TX 77389

Title VP, DIRECTOR
Name RAPEE, ALAN W
Address 22777 SPRINGWOODS VILLAGE PARKWAY
City-State-Zip: SPRING TX 77389

Title GENERAL COUNSEL
Name NEAGLI, DOUGLAS B
Address 22777 SPRINGWOODS VILLAGE PARKWAY
City-State-Zip: SPRING TX 77389

Title SECRETARY
Name PHILLIPS, JANICE M
Address 22777 SPRINGWOODS VILLAGE PARKWAY
City-State-Zip: SPRING TX 77389

Title CONTROLLER
Name CHAN, JENNIFER MEI-LING
Address 22777 SPRINGWOODS VILLAGE PARKWAY
City-State-Zip: SPRING TX 77389

Title ASST. SECRETARY
Name SIMON, JASON P
Address 22777 SPRINGWOODS VILLAGE PARKWAY
City-State-Zip: SPRING TX 77389

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

07/06/2023

Electronic Signature of Signing Officer/Director Detail

Date