## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 852412** 

Entity Name: EXXONMOBIL RISK MANAGEMENT INC.

Apr 23, 2024 Secretary of State 5298797849CC

**FILED** 

## **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:

City-State-Zip:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR, PRESIDENT Title DIRECTOR

Name GENTRY, JOHN A Name PETERS, ANTONY E

Address 22777 SPRINGWOODS VILLAGE Address 22777 SPRINGWOODS VILLAGE

PARKWAY PARKWAY

SPRING TX 77389 City-State-Zip: SPRING TX 77389

 Title
 VP, DIRECTOR
 Title
 GENERAL COUNSEL

 Name
 RAPEE, ALAN W
 Name
 SHENEMAN, BRETT R

Address 22777 SPRINGWOODS VILLAGE Address 22777 SPRINGWOODS VILLAGE

PARKWAY PARKWAY

City-State-Zip: SPRING TX 77389 City-State-Zip: SPRING TX 77389

 Title
 SECRETARY
 Title
 CONTROLLER

 Name
 SCHMOKER, JULIANA L
 Name
 BURGESS, JIM

Address 22777 SPRINGWOODS VILLAGE Address 22777 SPRINGWOODS VILLAGE

PARKWAY PARKWAY

City-State-Zip: SPRING TX 77389 City-State-Zip: SPRING TX 77389

Title ASST. SECRETARY Title TREASURER

Name SIMON, JASON P Name MATTHEW, ERIN A

Address 22777 SPRINGWOODS VILLAGE Address 22777 SPRINGWOODS VILLAGE

PARKWAY PARKWAY

City-State-Zip: SPRING TX 77389 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 04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date