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FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **852412** (6)

1. Corporation Name
EXXON RISK MANAGEMENT SERVICES, INC.



Principal Place of Business: **16825 NORTHCHASE HOUSTON TX 77060 US**
 Mailing Address: **800 BELL ST ROOM 323 HOUSTON TX 77002-7426 US**

3. Date Incorporated or Qualified: **04/01/1982** 3a. Date of Last Report: **04/30/1996**
 4. FEI Number: **76-0006056** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITELAW, J.D.	
STREET ADDRESS	225 E JOHN W CARPENTER FRWY	
CITY - ST - ZIP	IRVING TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOVACS, GERDLINE M	
STREET ADDRESS	225 E JOHN W CARPENTER FRWY	
CITY - ST - ZIP	IRVING TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHASSER, THOMAS M	
STREET ADDRESS	4550 DACOMA	
CITY - ST - ZIP	HOUSTON TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HINSHAW, DAVID L.	
STREET ADDRESS	800 BELL ST.	
CITY - ST - ZIP	HOUSTON TX	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GREEN, RICHARD L	
STREET ADDRESS	225 E JOHN W CARPENTER FRWY	
CITY - ST - ZIP	IRVING TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LYNCH, JOSEPH G	
STREET ADDRESS	800 BELL ST	
CITY - ST - ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph G Lynch* Assistant Secretary 4/23/97 (713) 656-1807
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)