

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852412 (6)

1. Corporation Name
EXXON RISK MANAGEMENT SERVICES, INC.

Principal Place of Business 16825 NORTHCHASE HOUSTON TX 77080 US	Mailing Address 800 BELL ST ROOM 323 HOUSTON TX 77060 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1982	4. FEI Number 76-0006056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WHITELAW, J.D.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 E JOHN W CARPENTER FRWY	1.2 NAME	
STREET ADDRESS	IRVING TX	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S KOVACS, GERLDINE M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 E JOHN W CARPENTER FRWY	2.2 NAME	
STREET ADDRESS	IRVING TX	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD CHASSER, THOMAS M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4550 DACOMA	3.2 NAME	
STREET ADDRESS	HOUSTON TX	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP HINSHAW, DAVID L.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 BELL ST.	4.2 NAME	
STREET ADDRESS	HOUSTON TX	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VT GREEN, RICHARD L	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 E JOHN W CARPENTER FRWY	5.2 NAME	
STREET ADDRESS	IRVING TX	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AS LYNCH, JOSEPH G	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 BELL ST	6.2 NAME	
STREET ADDRESS	HOUSTON TX	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 _____ Assistant Secretary **4-14-98**

CR2E034 (10/97)