

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90107 023 ***150.00

DOCUMENT # 852412
 1. Entity Name
EXXON MOBIL Risk Management, Inc.

*MIC
 FLD
 8/14/00
 EXM*

Principal Place of Business Mailing Address
 16825 Northchase 800 Bell Street
 Houston, TX 77060 Room 2605
 Houston, TX 77002

A0062378

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 76-0006056 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Corporation Service Company
 1201 Hays Street
 Tallahassee, Florida 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back).

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President/Director <input type="checkbox"/> Delete
NAME	J. D. Whitelaw
STREET ADDRESS	5959 Las Colinas Blvd.
CITY - ST - ZIP	Irving, TX 75039
TITLE	Vice President/Director <input type="checkbox"/> Delete
NAME	T. M. Chasser
STREET ADDRESS	16825 Northchase
CITY - ST - ZIP	Houston, TX 77002
TITLE	Vice Pres/Treasurer <input type="checkbox"/> Delete
NAME	R. L. Green
STREET ADDRESS	5959 Las Colinas Blvd.
CITY - ST - ZIP	Irving, TX 75039
TITLE	Assistant Secretary <input type="checkbox"/> Delete
NAME	G. M. Kovacs
STREET ADDRESS	5959 Las Colinas Blvd.
CITY - ST - ZIP	Irving, TX 75039
TITLE	Vice President <input type="checkbox"/> Delete
NAME	M. A. Curtis
STREET ADDRESS	800 Bell Street
CITY - ST - ZIP	Houston, TX 77002
TITLE	Assistant Secretary <input type="checkbox"/> Delete
NAME	S. A. Lopez
STREET ADDRESS	800 Bell Street
CITY - ST - ZIP	Houston, TX 77002

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. A. Lopez* Assistant Secretary 04/16/01 (713) 656-1807
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/100)