No. C 69421 Return to:		Due no later than Mar 31, 2012 Annual Report Form			Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EXXONMOBIL RISK MANAGEMENT INC. JOEL P WEBB 5959 LAS COLINAS BLVD.		BOISE ID 8 USA	12550 W EXPLORER DR STE 100 BOISE ID 83713 USA 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		IRVING TX 75039		3. <u>Ivew</u> Registe	3. <u>Ivew</u> Registered Agent Signature:			
4. Corporations: Enter Na	mes and Busin	ess Addresses o	f President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SECRETARY	A. B. LOWR JOEL P WEE		5959 LAS COLINAS BLVD. 5959 LAS COLINAS BLVD.	IRVING IRVING	TX TX	USA USA	75039 75039	
DIRECTOR BRUCE T NI		ELSEN	5959 LAS COLINAS BLVD	IRVING	TX	USA	75039	
TREASURER DIRECTOR	BRUCE T NI A B LOWRY		5959 LAS COLINAS BLVD 5959 LAS COLINAS BLVD	IRVING IRVING	TX TX	USA USA	75039 75039	
5. Organized Under the Laws of:		6. Annual Repo	ort must be signed.*					
TΧ		Signature: Joel P Webb		Date: 0	Date: 03/12/2012			
C 69421		Name (type or print): Joel P Webb		Title: A	Title: Authorized Person			
Processed 03/12/2012 * Electronically provided signatures are accepted as original signatures.								