

No. C 69421		Due no later than Mar 31, 2013		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. EXXONMOBIL RISK MANAGEMENT INC. JOEL WEBB 5959 LAS COLINAS BLVD. IRVING TX 75039		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	C.C. (KATE) SHAE	C/O ATTN: IOOS OFFICE OF THE SEC. 5959 LAS COLINAS BLVD.	IRVING	TX	USA	75039
PRESIDENT	ARTHUR B LOWRY	C/O ATTN: IOOS OFFICE OF THE SEC. 5959 LAS COLINAS BLVD.	IRVING	TX	USA	75039
SECRETARY	JOEL P WEBB	C/O ATTN: IOOS OFFICE OF THE SEC. 5959 LAS COLINAS BLVD.	IRVING	TX	USA	75039
DIRECTOR	BRUCE T NIELSEN	C/O ATTN: IOOS OFFICE OF THE SEC. 5959 LAS COLINAS BLVD.	IRVING	TX	USA	75039
TREASURER	BRUCE T NIELSEN	C/O ATTN: IOOS OFFICE OF THE SEC. 5959 LAS COLINAS BLVD.	IRVING	TX	USA	75039
DIRECTOR	ARTHUR B LOWRY	C/O ATTN: IOOS OFFICE OF THE SEC. 5959 LAS COLINAS BLVD.	IRVING	TX	USA	75039
5. Organized Under the Laws of: TX C 69421		6. Annual Report must be signed.* Signature: Joel Webb Name (type or print): Joel Webb Date: 03/22/2013 Title: Authorized Person				
Processed 03/22/2013		* Electronically provided signatures are accepted as original signatures.				