No. **C 69421**	**Due no later than Mar 31, 2014**	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 P. WEBB 5959 LAS COLINAS BOULEVARD IRVING TX 75039-2298	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA 3. New 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
VICE PRESIDENT	ANDREW KIYFES	C/O EXXONMOBIL RISK MANAGEMENT INC. 5959 LAS COLINAS BLVD	IRVING	TX	USA	75039-2298
VICE PRESIDENT	JAIME A. GUTIERREZ	C/O EXXONMOBIL RISK MANAGEMENT INC. 5959 LAS COLINAS BLVD	IRVING	TX	USA	75039-2298
TREASURER	JAIME A. GUTIERREZ	C/O EXXONMOBIL RISK MANAGEMENT INC. 5959 LAS COLINAS BLVD	IRVING	TX	USA	75039-2298
PRESIDENT	BRUCE T. NIELSEN	C/O EXXONMOBIL RISK MANAGEMENT INC. 5959 LAS COLINAS BLVD	IRVING	TX	USA	75039-2298
SECRETARY	JOEL P. WEBB	C/O EXXONMOBIL RISK MANAGEMENT INC. 5959 LAS COLINAS BLVD	IRVING	TX	USA	75039-2298
DIRECTOR	C.C. (KATE) SHAE	C/O EXXONMOBIL RISK MANAGEMENT INC. 5959 LAS COLINAS BLVD	IRVING	TX	USA	75039-2298
DIRECTOR	BRUCE T. NIELSEN	C/O EXXONMOBIL RISK MANAGEMENT INC. 5959 LAS COLINAS BLVD	IRVING	TX	USA	75039-2298
DIRECTOR	JAIMIE A. GUTIERREZ	C/O EXXONMOBIL RISK MANAGEMENT INC. 5959 LAS COLINAS BLVD	IRVING	TX	USA	75039-2298

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
TX **C 69421**	Signature: Joel P. Webb	Date: 03/25/2014
	Name (type or print): Joel P. Webb	Title: Secretary

Processed 03/25/2014

* Electronically provided signatures are accepted as original signatures.