

Filing Fee \$10.00

Corporate ID 24476

State of Rhode Island and Providence Plantations
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH
OF

EXXON RISK MANAGEMENT SERVICES, INC.

To the Secretary of State
of the State of Rhode Island

Pursuant to the provisions of Section 7-6-13 of the General Laws, 1956, as amended,
(Note 1)
the undersigned corporation, organized under the laws of the State of TEXAS,
submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the
State of Rhode Island:

FIRST: The name of the corporation is
EXXON RISK MANAGEMENT SERVICES, INC.

SECOND: The address of its present registered office is
123 DYER STREET PROVIDENCE RI 02903

THIRD: The address to which its registered office is to be changed is
Suite 900, 170 Westminster Street, Providence, Rhode Island 02903

FOURTH: The name of its present registered agent is **C T CORPORATION SYSTEM**

FIFTH: The name of its successor registered agent is **Corporation Service Company**

SIXTH: The address of its registered office and the address of the business office of its registered agent, as
changed, will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.

Date **FILED** January 24, 19 ⁹⁷

EXXON RISK MANAGEMENT SERVICES, INC.

JAN 30 1997
CC# 43
BY 178071

By  (Note 2)

Its **President**

- NOTES:
1. Insert "7-6-13" if a business corporation, or "7-6-78" if a non-profit corporation.
 2. Exact corporate name of corporation making statement.
 3. Signature and title of officer signing for the corporation.