

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213559942

1.) CORPORATION NAME:

ExxonMobil Aviation Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0471708**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3225 GALLOWS RD.

CITY/ST/ZIP: FAIRFAX, VA 22037-0001

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NANCY B. CARLSON		
TITLE:	PRESIDENT		
ADDRESS:	C/O ATTN: FFX OFFICE OF THE SECRETARY 3225 GALLOWS ROAD FAIRFAX, VA 22037-0001		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CATHERINE J. GAVRON		
TITLE:	SECRETARY		
ADDRESS:	C/O ATTN: FFX OFFICE OF THE SECRETARY 3225 GALLOWS ROAD FAIRFAX, VA 22037-0001		
CITY/ST/ZIP/CO:			

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK MICHAEL SHORES		
TITLE:	DIRECTOR		
ADDRESS:	C/O ATTN: FFX OFFICE OF THE SECRETARY 3225 GALLOWS ROAD FAIRFAX, VA 22037-0001		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ALIX E. THOMPSON		
TITLE:	TREASURER		
ADDRESS:	C/O ATTN: FFX OFFICE OF THE SECRETARY 3225 GALLOWS ROAD FAIRFAX, VA 22037-0001		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WALTER J. ULICKAS		
TITLE:	PRESIDENT		
ADDRESS:	C/O ATTN: FFX OFFICE OF THE SECRETARY 3225 GALLOWS ROAD FAIRFAX, VA 22037-0001		
CITY/ST/ZIP/CO:			

NAME:	JOEL WEBB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O ATTN: FFX OFFICE OF THE SECRETARY		
	3225 GALLOWS ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22037-0001		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOEL WEBB	JOEL WEBB, ASST SECRETARY	12/18/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.