

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **815911 (3)**

1. Corporation Name

**SCHLUMBERGER TECHNOLOGY CORPORATION**



Principal Place of Business: **300 SCHLUMBERGER DRIVE, 1472, SUGAR LAND TX 77478, US**  
Mailing Address: **300 SCHLUMBERGER DRIVE, 1472, SUGAR LAND TX 77478, US**

3. Date Incorporated or Qualified: **01/11/1962**  
3a. Date of Last Report: **06/21/1995**  
4. FEI Number: **22-1692661**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINAMORE, CAROLE	12 NAME	
STREET ADDRESS	277 PARK AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	NY, NY 0	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, A.W.	22 NAME	
STREET ADDRESS	277 PARK AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	NY, NY 0	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNING, D. S.	32 NAME	
STREET ADDRESS	277 PARK AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY.	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULD, LEONARD	42 NAME	
STREET ADDRESS	277 PARK AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	DP	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDENAUER, A	52 NAME	
STREET ADDRESS	277 PARK AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	NY, NY 0	54 CITY-ST-ZIP	
TITLE	C	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORGIE, F A	62 NAME	
STREET ADDRESS	277 PARK AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank Sorgie* CONTROLLER **4/30/96 (212) 350-9400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)