

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 77478-3155 US
---	--

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 01/11/1962	3a. Date of Last Report 05/01/1996
4. FCI Number 22-1692661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	FINAMORE, CAROLE	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NY, NY 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, A.W.	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NY, NY 0	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWNING, D. S.	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY.	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FULD, LEONARD	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LINDENAUER, A	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NY, NY 0	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SORGIE, F A	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ASSISTANT CONTROLLER
6.3 STREET ADDRESS	KEVIN WARD
6.4 CITY-ST-ZIP	277 PARK AVE
	NEW YORK, NY 10172

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *[Handwritten Signature]* **4/18/97 212-250-9400**

CR2E034 (9/96)