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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90073 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 815911

1. Corporation Name

SCHLUMBERGER TECHNOLOGY CORPORATION

Principal Place of Business 300 SCHLUMBERGER DRIVE SUGAR LAND, TX 77478 USA	Mailing Address 300 SCHLUMBERGER DRIVE SUGAR LAND, TX 77478 USA
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

DECEMBER 29, 1961

4. FEI Number

22-1692661

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ASST. SECRETARY	<input type="checkbox"/> DELETE
NAME	FINAMORE, CAROLE	
STREET ADDRESS	277 PARK AVENUE	
CITY - ST - ZIP	NEW YORK, NY 10172	

1.1 TITLE	ASST. CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WARD, KEVIN	
1.3 STREET ADDRESS	277 PARK AVENUE	
1.4 CITY - ST - ZIP	NEW YORK NY 10172	

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	ALEXANDER, A.W.	
STREET ADDRESS	277 PARK AVENUE	
CITY - ST - ZIP	NEW YORK, NY 10172	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	V.P. SEC'Y & GEN COUNSEL	<input type="checkbox"/> DELETE
NAME	BROWNING, D.S.	
STREET ADDRESS	277 PARK AVENUE	
CITY - ST - ZIP	NEW YORK, NY 10172	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	FULD, LEONARD	
STREET ADDRESS	277 PARK AVENUE	
CITY - ST - ZIP	NEW YORK, NY 10172	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	CHAIRMAN & CEO	<input type="checkbox"/> DELETE
NAME	LINDENAUER, A.	
STREET ADDRESS	277 PARK AVENUE	
CITY - ST - ZIP	NEW YORK, NY 10172	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE	CONTROLLER	<input type="checkbox"/> DELETE
NAME	SORGIE, F.A.	
STREET ADDRESS	277 PARK AVENUE	
CITY - ST - ZIP	NEW YORK, NY 10172	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

KEVIN WARD, ASST. CONTROLLER 4/ 7 /99 281-285-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #