## US CORPWORKS INC.

1655 Madison Street Denver, CO 80206

Fax: 303-393-8900

e-mail: corpwrks@dnvr.uswest.net

\_\_\_ Voice: 303-393-8800 888-WORKS-99 (888-967-5799)

FLORIDA Secretary of State

Division of Corporations Florida Department of State 409 E. Gaines Street (Zip Code 32399) P. O. Box 6327 Tallahassee, FL 32314

900002928919--7 -07/12/99--01087--015 \*\*\*\*\*280.00 \*\*\*\*\*\*35.00

June 23, 1999

Re: Schlumberger...

(see attached rider)

TLLAIIASSE

Dear Madam/Sir:

Enclosed are the necessary forms to change the registered agent and address of each company listed on the attached rider, together with a check in payment of the required fees

Kindly return a date stamped filed copy in the enclosed postage paid enveloped.

Please don't hesitate to call at the toll free number listed above with any problems.

Very Truly Yours,

Joseph Mirrione

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## Florida Department of State, Jim Smith, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Florida Statutes, the undersigned corp		s of the State of	
or registered agent, or both, in the Sta		ns registered Office	
1a. The name of the corporation is:	Technology Corporation		
1b. Date of incorporation: 12/29/61	Document nun	Document number 815911	
2. The name and address of the curre	ent registered agent and office:	99 SECT	
1200 South Pine Island Road, Plan	ntation, Fl 33324	ETA:	
3. The name and address of the new (P.O. Box Not Acceptable)		SEE, FI	
NRAI Services, Inc.		<u> </u>	
526 East Park Avenue, Tallahassee, Florida 323	01	<b>夏</b> 帝 <b>志</b>	
Such change was authorized by resolution officer so authorized by the board.	tion duly adopted by its board of Carole H. Finamore, A	,	
SIGNATURE	Typed or printed name	Typed or printed name and title	
SIGNATURE  May 24, 1999  DATE			
HAVING BEEN NAMED AS REGISTERE PROCESS FOR THE ABOVE STATED OF THIS CERTIFICATE, I HEREBY ACC AGENT AND AGREE TO ACT IN THIS WITH THE PROVISIONS OF ALL STATE PLETE PERFORMANCE OF MY DUTIES THE OBLIGATION OF MY POSITION A	CORPORATION AT THE PLACE CEPT THE APPOINTMENT AS RI CAPACITY. I FURTHER AGRE FUTES RELATIVE TO THE PROPE S, AND I AM FAMILIAR WITH A	E DESIGNATED EGISTERED EE TO COMPLY PER AND COM- AND ACCEPT	

CR2E045 (7-91)

FILING FEE: \$35.00