

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 815911

1. Entity Name

SCHLUMBERGER TECHNOLOGY CORPORATION

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90017 024 \*\*\*150.00

Principal Place of Business

Mailing Address

300 SCHLUMBERGER DRIVE  
SUGAR LAND TX 77478  
US

300 SCHLUMBERGER DRIVE  
SUGAR LAND TX 77478-3155  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-1692661

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State.**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☐ Delete  
NAME FINAMORE, CAROLE  
STREET ADDRESS 277 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ALEXANDER, A.W.  
STREET ADDRESS 277 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME BROWNING, D. S.  
STREET ADDRESS 277 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME FULD, LEONARD  
STREET ADDRESS 277 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME LINDENAUER, A  
STREET ADDRESS 277 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AC ☐ Delete  
NAME KEVIN M WARD  
STREET ADDRESS 277 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN WARD

ASST. CONTROLLER

Date

Daytime Phone #

1/21/2000 212-350-9400

CR2E034 (9/99)