Division of Corporations Public Access System

#### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000275436 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850)205-0383

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES

Account Number : 110450000714 Phone : (850)222-1173 Fax Number : (850)224-1640 O3 SEP 12 AM 8: 03

# FOREIGN PROFIT QUALIFICATION

# SCHLUMBERGER E-CITY, INC.

Certificate of Status	0
Certified Capy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Componente Filling

**Public Access Help** 

OP 100

ዕጠ ነ ነንሰሰቁ

#### H03000275436

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

) Schlumberg	ier E-City, Inc.		<del></del>			
words or abbr	sorution; must include the word "INCORPOR eviations of like import in innguage as will of or partnership if not so contained in the name	loarly	y indicate that it is a corporation instead of a			
2. Delaware		3.	b1-077817 <del>4</del>			
(State or count	ry under the law of which it is incorporated)	-	(FRI number, if applicable)			
4. April 8, 2003		_ 5.	Perpatual			
(D	nte of incorporation)		(Duration: Year durp. will come to exist or "perpensal")			
6. Upon Qualif						
	(See Sections 607.)	# Mat .1501.	transacted business in Florida, insert "upon qualification."), 607.1502 and 817.155, F.S.)			
7. 1601 Schlun	nberger Drive, Mocrestown, NJ 08057					
<del>-</del>	(Principal office	: addi	ross)			
1601 Schlun	berger Drive, Moorestown, NJ 08057	<del></del>				
	(Current mailing	i eqqi	(484)			
~ ~	puter terminals & all legal activities.		600	-		
furthors	c(e) of corporation authorized in home mate o	os coi	unity to be carried out in state of Florida)	•		
9. Name and gi	<u>rect address</u> of Florida registered age:	int:	(P.O. Box or Mail Drop Box NOT acceptable)			
Name:	NRAI Services, Inc.			2 <u>.</u>	00	=
Office Address;	526 E. Park Avenua		- 		A.J.S.	Ę
	Taliahasaee		Florida 32301	حيد ن ميد ن	~~	<u> </u>
	(City)		(Zip code)	1.2 - 1.2 1.3 - 1.2 1.3 - 1.2		
to Declarate			, , , , , , , , , , , , , , , , , , ,	••		24.00
	agent's acceptance: med at revistered agent and in accept n	tersk	ce of precess for the above stated corporation at the p	lace		
designated in th	is application, I hereby accept the appoi	unın	tent as registered agent and agree to act in this capac	ity: 1	$\Rightarrow$	
further agree to	comply with the provisions of all statute	let re	clative to the proper and complete performance of my	,	ယ	
	familiar with and accept the obligation WRAI Services, Inc.	13 01	my position as registered agent.			
<b>,</b>	etral additions, lile.		)			
_	By: W.					
	(Registered agent Michael Mirriona, Assistant Secretary	e sig	prature)			

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

G0

## H03000275436

A. DIRECTORS	or attitels wether n	flectists:						
Con Alleghad								
Address:								_
/ice Chairman:			•					
Address:								,
Director:			·			<del></del>		
Address:								
<u></u>		40-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				··		
Director:							-	
Address:		·		· · ·				
			-			=		
B. OFFICERS								
resident: See Affachad				<del>,                                    </del>		·. <u>·</u>	. ~	
Address:	· · · · · · · · · · · · · · · · · · ·			. 14-4				
pt 4					<b>№</b>			
/ice President:	<u></u>					Pig	03	-
\ddress:		· · · · · · · · · · · · · · · · · · ·					3 SEP	
						Y.	2 l d	
Sourcetary:								-
Address:						; <del>'</del> <u></u> '-	AN II:	·—•
reusurer:				<del></del> *		# <u>&gt;</u>	: 03	
Addross:					<b>A</b> M. 1973/17 M	·m.		
HOTE: If necessary, my may attach	<u>&amp;</u>							
	pat, Vico Chainnan,	n my officer	<u>listed in number i</u>	12 of the applica	tion)			
<ol> <li>Laura Weelby, Assistant Secrets</li> <li>(Typed or pr</li> </ol>	ary inted name and capac	ity of person	signing amplication	on)				
				•				

#### H03000275436

## Officer and Director List for Schlumberger E-City, Inc.

Officers

Paul Beverly

President

Michel Leger Vice President

Jean-Pierre Nougier

Treasurer

Colin Flannery Secretary

Arlene Powia
Assistant Secretary

Laura Westby
Assistant Secretary

Leonard Pojunas
Assistant Secretary
Patents & Trademarks
Attorney-in-Fact
Patents & Transfers

Orrectors Paul Beverly

Isan-Pierre Nougier

Laura Westby

Addresses

1601 Schlumberger Drive

Moorestown, NI

08057

1601 Schlumberger Drive

Moorestown, NJ

08057

1601 Schlumberger Drive

Magrastown, NI

08057

1601 Schlumberger Drive

Moorestown, NJ

08057

O3 SEP 12 AM H: U3

H03000275436

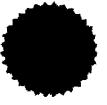
# Delaware The First State

PAGE :

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCHLUMBERGER B-CITY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF SEPTEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCHLUMBERGER E-CITY, INC." WAS INCORPORATED ON THE EIGHTH DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smile Hindson. Hurriet Smith Windson. Sucretary of State

AUTHENTICATION: 2618439

DATE: 09-05-03

H03000275436

3645513 8300

030575182