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May 09 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 # **837344** **(1)**

1. Corporation Name
SCHLUMBERGER INDUSTRIES, INC.

Principal Place of Business	Mailing Address
313 NORTH HIGHWAY 11 WEST UNION SC 29696 US	4960 PEACHTREE INDUSTRIAL BLVD SUITE 250 NORCROSS GA 30071-1580 US

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

3. Date Incorporated or Qualified: 11/08/1976
3a. Date of Last Report: 05/01/1996
4. FEI Number: 51-0204865 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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: _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MAHONEY, PATRICK		1.2 NAME		
STREET ADDRESS	4960 PEACHTREE INDUSTRIAL BLVD #250		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS, GA 00000		1.4 CITY-ST-ZIP	ZIP CODE = 30071	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MARIAR PHIL		2.2 NAME		
STREET ADDRESS	4960 PEACHTREE INDUSTRIAL BLVD #250		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS GA		2.4 CITY-ST-ZIP	ZIP CODE = 30071	
TITLE	TD	☐ DELETE	3.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	WICINSKI, BRUCE M.		3.2 NAME	JACK SEXTON	
STREET ADDRESS	4960 PEACHTREE INDUSTRIAL BLVD		3.3 STREET ADDRESS	4960 PEACHTREE INDUSTRIAL BLVD., #250	
CITY-ST-ZIP	NORCROSS GA		3.4 CITY-ST-ZIP	NORCROSS, GA 30071	
TITLE	AS	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	ORKIS, PAMELA K.		4.2 NAME		
STREET ADDRESS	4960 PEACHTREE INDUSTRIAL BLVD #250		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS GA		4.4 CITY-ST-ZIP	ZIP CODE = 30071	
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CANTRELL, CONSTANCE H.		5.2 NAME		
STREET ADDRESS	4960 PEACHTREE INDUSTRAIL BLVD #250		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS GA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	ASSISTANT TREASURER	☒ Change ☐ Addition
NAME			6.2 NAME	BRUCE M. WICINSKI	
STREET ADDRESS			6.3 STREET ADDRESS	4960 PEACHTREE INDUSTRIAL BLVD., #250	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	NORCROSS, GA 30071	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ Asst. Secretary 4-15-97