2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT #837344** Apr 23, 2000 8:00 am Secretary of State 1. Entity Name SCHLUMBERGER RESOURCE MANAGEMENT SERVICES, INC. 04-23-2000 90004 016 ***150.00 Mailing Address Principal Place of Business 5430 METRIC PLACE 5430 METRIC PLACE TAX DEPT. TAX DEPT. NORCROSS GA 30092-2550 NORCROSS GA 30092 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 51-0204865 Not Applicable Country Zip Country Zip \$8:75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE Delete TITLE NAME KITTERMAN, BRADLEY S NAME STREET ADDRESS STREET ADDRESS 5430 METRIC PLACE CITY-ST-ZIP CITY-ST-ZIP NORCROSS GA 30092 Addition Change TITLE ☐ Delete TITLE DI LAURA, CHUCK NAME NAME STREET ADDRESS STREET ADDRESS 5430 METRIC PLACE CITY-ST-ZIP CITY-ST-ZIP NORCROSS GA 30092 Treasurer Jerome Ronze 5430 Metric Place Change ☐ Addition Delete TITLE TITLE LAPARRE, JEAN-PIERRE NAME NAME STREET ADDRESS STREET ADDRESS 5430 METRIC PLACE Norcross, Ga. 30092 CITY-ST-ZIP CITY-ST-ZIE NORCROSS GA 30092 Change Addition ☐ Delete TITLE TITLE FLANNERY, COLIN F NAME NAME STREET ADDRESS STREET ADDRESS 5430 METRIC PLACE CITY-ST-ZIP CITY-ST-7IP NORCROSS GA 30092 ☐ Change Addition ☐ Delete TITLE TITLE AS HOLLOWAY, VICTORIA K NAME NAME STREET ADDRESS STREET ADDRESS 5430 METRIC PLACE CITY-ST-ZIP CITY-ST-ZIP NORCROSS GA 30092 TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date