FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State **DOCUMENT # 837344** 1. Entity Name SCHLUMBERGER RESOURCE MANAGEMENT SERVICES, INC. 05-10-2001 90154 002 ***150.00 Principal Place of Business Mailing Address 5430 METRIC PLACE 5430 METRIC PLACE けいりゅうなんせい TAX DEPT. TAX DEPT. NORCROSS GA 30092 NORCROSS GA 30092 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 51-0204865 Not Applicable -Zip - ---Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 Zip Code FL 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Delete Change TITLE TITLE KITTERMAN, BRADLEY S NAME 5430 METRIC PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORCROSS GA 30092 ☐ Change TITLE Delete TITLE ☐ Addition NAME DI LAURA, CHUCK NAME STREET ADDRESS 5430 METRIC PLACE STREET ADDRESS CITY-ST-ZIP--CITY-ST-ZIP NORCROSS GA 30092 Derome Ronze Change ☐ Addition TITLE **⊠** Delete TITLE NAME ·Laparre, Jean-Pierre NAME 5430 metricPlace STREET ADDRESS 5430 METRIC PLACE STREET ADDRESS Noveceoss, GA 30092 CITY-ST-ZIP NORCROSS GA 30092 CITY-ST-ZIP Secretary Delete TITLE Change ☐ Addition TITLE William M. Hale, JR FLANNERY, COLIN F NAME NAME STREET ADDRESS 5430 METRIC PLACE STREET ADDRESS 5430 metric Place CITY-ST-ZIP NORCROSS GA 30092 CITY-ST-ZIP Norcross, GA 30092 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOLLOWAY, VICTORIA K NAME NAME STREET ADDRESS STREET ADDRESS 5430 METRIC PLACE CITY-ST-ZIP CITY-ST-7IP NORCROSS GA 30092 TITLE ☐ Delete TITLE ☐ Change ■ Addition 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victoria Allong Victoria 16/1014, 4/27/01 770-368-3459