


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90007 035 ***150.00

DOCUMENT # F02000005764 1. Entity Name SCHLUMBERGER OMNES, INC.	
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Principal Place of Business 5599 SAN FELIP, SUITE 400 HOUSTON, TX 77056	Mailing Address 5599 SAN FELIP, SUITE 400 HOUSTON, TX 77056
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DO NOT WRITE IN THIS SPACE



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 76-0454436	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEWART, PAUL 5599 SAN FELIPE, SUITE 400 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFERDEHIRT, DOUG <i>Piper, Stephen R.</i> 5599 SAN FELIPE, SUITE 400 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOOD, SANJAYA <i>FINN, Gregory W.</i> 5599 SAN FELIPE, SUITE 400 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RALSTON, DIANNE 5599 SAN FELIPE, SUITE 400 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RENO, RONALD 5599 SAN FELIPE, SUITE 400 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *TE Mays* *TE MAYS* *3-11-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #