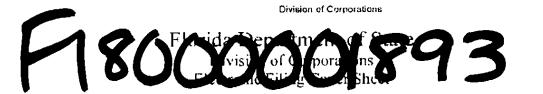
4/20/2018



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DEPARTMENT OF STATE OF STATE OF CORPORATE TALLAHASSEE, FLOS

FOREIGN PROFIT/NONPROFIT CORPORATION

MicroSeismic, Inc.

Certificate of Status	0
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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.

	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	19
		· · ·	
		Com souther the	
if name unavails	ble in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	business in Florida)
Delaware	3.	02-0668678	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
10/07/2003	5.		
(Date	of incorporation)	(Date of duration, if other t	han perpetual)
07/26/2017		138	
	(Date first transacted business in	Florida, i 'prior to registration)	
	(SEE SECTIONS 607.1501 & 607.150	02, F.S., to determine penalty liabilit	y)
0777 Westheime	r Rd, Suite 500, Houston, TX 77042		
	(Principa	al office address)	
	(Principa	al office address)	
		g address, if different)	
None and street	(Current mailing	g address, if different)	
Name and stree	(Current mailing to a second s	g address, if different)	PO POPULATION AND POP
Name and stree	(Current mailing	g address, if different)	2911 APR 2
Name:	(Current mailing to a second s	g address, if different)	70
Name:	(Current mailing taddress of Florida registered agent: (P.O.C.) Corporation System 1200 South Pine Island Road	g address, if different)	R 23
Name:	(Current mailing taddress of Florida registered agent: (P.O.C.) C.T. Corporation System	g address, if different) Box NOT acceptable) , Fictida 33324	R 23 AH
Name:	(Current mailing taddress of Florida registered agent: (P.O.C.) Corporation System 1200 South Pine Island Road	g address, if different) Box NOT acceptable)	R 23
Name:	(Current mailing st address of Florida registered agent: (P.O.C.T Corporation System 1200 South Pine Island Road Plantation (City)	g address, if different) Box NOT acceptable) , Fictida 33324	R 23 AH 9:
Name: Tice Address: Registered age	(Current mailing et address of Florida registered agent: (P.O.C.T. Corporation System 1200 South Pine Island Road Plantation (City)	g address, if different) Box NOT acceptable) Florida Zip code)	R 23 AH 9: 52 (Ah) 3: SAH PASSETT (BERAL
Name: Tice Address: Registered age aving been nam sienated in this	(Current mailing st address of Florida registered agent: (P.O.C.T. Corporation System) 1200 South Pine Island Road Plantation (City) ent's acceptance: sed as registered agent and to accept service application. I hereby accept the appointn	g address, if different) Box NOT acceptable) T, Fichida 33324 (Zip code) Ce of process for the above stated agent and agreent as registered agent and agrees	d corporation at the ee to act in this capa
Name: fice Address: Registered age aving been nam signated in this other agree to continue to continue to continue to continue agree to continue to continue agree agre	(Current mailing taddress of Florida registered agent: (P.O.C. T. Corporation System) 1200 South Pine Island Road Plantation (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appoint to apply with the provisions of all statutes recognitions.	g address, if different) Box NOT acceptable) T, Flevida 33324 (Zip code) Ce of process for the above statement as registered agent and agreelative to the proper and comple	d corporation at the ee to act in this capate performance of n
Name: fice Address: Registered age aving been nam signated in this other agree to continue to continue to continue to continue agree to continue to continue agree agre	(Current mailing taddress of Florida registered agent: (P.O.C.) Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appoint to omply with the provisions of all statutes refamiliar with and accept the obligations of	g address, if different) Box NOT acceptable) T, Florida 33324 (Zip code) Ce of process for the above states and agreelative to the proper and completed my position as registered agent.	d corporation at the ee to act in this capate performance of n
Name: ffice Address: Registered age aving been names ignated in this orther agree to contact the second contact in the second conta	(Current mailing taddress of Florida registered agent: (P.O.C. T. Corporation System) 1200 South Pine Island Road Plantation (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appoint to apply with the provisions of all statutes recognitions.	g address, if different) Box NOT acceptable) T, Florida 33324 (Zip code) Ce of process for the above states and agreelative to the proper and completed my position as registered agent.	d corporation at the ee to act in this capate performance of n

10. 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.

ork: 133

11. Names and business addresses of officers and/or directors: or	
A. DIRECTORS	
Chairman: John Kennedy	
10777 Wastheimer Rd. Suite 500 Houston, TX 77042	
D.	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
Datas Dangun	
10777 Worthermer Rd. Suite 500, Houston, TX 77042	
Address:	
Vice President: Noel Knape 10777 Westbeitung Rd. Spite 500, Houston, TX 77042	William Control of the Control of th
Address: 10777 Westheimer Rd, Snite 500, Houston, TX 77042	<u> </u>
Secretary: M. Gayle Anderson	25 0
Address: 10777 Westheimer Rd, Suite 500, Houston, TX 77042	
Treasurer:	
	,
Address:	ional officers and/or directors
NOTE: If necessary, you may which an addendum to the application listing addit	ional officers and/or uncerors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above are true and that he or she is aware that false information submitted in a document	to the Department of State constitutes
a third degree telony as provided for in s.817.155, F.S.	•
13. Noel Knape; Vice President, Finance	** *
(Typed or printed name and capacity of person signing ap	piicationi

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MICROSEISMIC, 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 TWENTIETF DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Authentication: 202553034

Date: 04-20-18

3712421 8300 SR# 20182888324

You may verify this certificate online at corp.delaware.gov/authver.shtml