

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004192

1. Entity Name

SCHLUMBERGER DANYL, INC.

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90024 035 \*\*\*150.00

Principal Place of Business

Mailing Address

1601 TECHNOLOGY DRIVE  
SAN JOSE CA 95110

1601 TECHNOLOGY DRIVE  
SAN JOSE CA 95110-1309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2021086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BISASKY, LOUIS</b>	
STREET ADDRESS	<b>9800 REISTERSTOWN ROAD</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD 21117</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PETERSON, BRYAN</b>	
STREET ADDRESS	<b>1601 TECHNOLOGY DRIVE</b>	
CITY-ST-ZIP	<b>SAN JOSE CA 95110</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GUNDERSON, JAMES</b>	
STREET ADDRESS	<b>277 PARK AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10172</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WRIGHT, JAMES</b>	
STREET ADDRESS	<b>45 WINTHROP STREET</b>	
CITY-ST-ZIP	<b>CONCORD MA 01742</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>LINDSAY SNYDER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V.P. TAXES</b>	
STREET ADDRESS	<b>1601 TECHNOLOGY DR.</b>	
CITY-ST-ZIP	<b>SAN JOSE, CA 95110</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>BETH BEHREND</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SECRETARY</b>	
STREET ADDRESS	<b>277 PARK AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 10172</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Lindsay Snyder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00  
Date

(408) 501-7153  
Daytime Phone #

CR2E034 (9/99)