FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P13947**

Corporation Name

SCHLUMBERGER ATE, INC.

Principal Place of Business Mailing Address						t INTINGS (At these three said, shall said,) 91911 EIBH 9191	, 6161. 4.4
1601 TECHNOLOGY DRIVE 1601 TECHNOLOGY DRIVE								
SAN JOSE CA 95110-1309 SAN JOS			JOSE CA 95110-1309			DO NOT WRITE IN TH	IC CDACE	
						3. Date Incorporated or Qualifed	STACE	
						04/07/1987		İ
2 Principal P	lace of Business	2a. Mailing Addres				4. FEI Number		Applied For
Z. Principal P	lace of business	26 26				77-0138371		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, e	tc					Additional
	#, GtG.	27				5. Certifcate of Status Desired		Required
22 City & State	Α ,	City & State				6. Election Campaign Financing	\$5.00	0:May Be -
23		28			-	Trust Fund Contribution		to Fees
Zip	Country	Zip	Cor	intry		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	∐Yes	□No
	9. Name and Address of Currer			T		10. Name and Address of New Registere	d Agent	
				81	Name			\neg
CT CORPORATION SYSTEM				82	Ctroot Ad	Address (P.O. Box Number is Not Acceptable)		
) S. PINE ISLAND ROAD			02	Street Au	diess (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				83				
				84	City	F	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	32 and 607,1508, Florida	Statutes, the a	bove	-named co	rporation submits this statement for the purpose	of changing if	ts registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change	was authorize	o by	the corpora	tion's board of directors. I hereby accept the app	ointment as r	registered
-	m tamiliai with, and accept the conga	3110113 01, 00011011 007.00	00, 1 101100 010		•			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	(NOTE: Registere	Agen	it signature requ	ired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE		1.1 TITLE		Brent Wakefield	☐ Change	e 🔀 Addition
NAME	MATTON, CLERMONT		1.2 N	AME		VP - Taxes		
STREET ADDRESS	277 PARK AVE		1.3 8	TREET	ADDRESS	1601 Technology Dr.		j
CITY-ST-ZIP	NEW YORK NY		1.4 0	ITY-S1	T-ZIP	San Jose CA 95110		
TITLE	\$ \(\square\) DELETE			2.1 TITLE		······································	Change	e 🔛 Addition
NAME	JAMES L GUNDERSON		2.2 N	AME				
STREET ADDRESS	277 PARK AVE		2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	NEW YORK NY		2.40	стү-8	T-ZIP			
TITLE	T	☐ DELETE 3.13		TLE			☐ Change	e
NAME	SCHOONBEEK, JERREN		3.2 N	AME				
STREET ADDRESS	277 PARK AVENUE		3.3 S	TREET	ADORESS			,
CITY-ST-ZIP	NEW YORK NY		3.4. (CITY-S	IT-ZIP			
TITLE	VD	☐ DEL	ETE 4.1 T	ITLE			☐ Change	e Addition
NAME	PFISTER, IRWIN		4, 21	AME				
STREET ADDRESS	ARRA TECHNICI CON DENIE		4.3 S	TREET	ADDRESS			,
CITY-ST-ZIP	SAN JOSE CA		4.4 0	ITY-S1	T-ZIP			
TITLE	VP	☐ DEL					☐ Change	e Addition
NAME	BRYAN PETERSON		5.2 N	AME				
STREET ADDRESS	4444 TEOLINIOLOGIC DO		5.3 S	TREET	ADDRESS			
CITY-ST-ZIP	SAN JOSE CA 95110		5.4 0	TY-S	T-ZIP			
TITLE		☐ DEL	ETE 6.1 T	ITLE		·····	☐ Change	B Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP



408/504-7153

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90096 009 ***150.00