


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90205 031 ***150.00

DOCUMENT # P13947 1. Entity Name SCHLUMBERGER ATE, INC.					
Principal Place of Business 150 BAYTECH DRIVE TAX DEPT SAN JOSE, CA 95134			Mailing Address 150 BAYTECH DRIVE TAX DEPT SAN JOSE, CA 95134		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		4. FEI Number 77-0138371	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name NRAI SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE Suite 4 City WESTON FL Zip Code 33331	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE T NAME NOUGIER, JEAN PIERRE STREET ADDRESS 8311 N 7M 620 ROAD CITY-ST-ZIP AUSTIN, TX 78726	<input type="checkbox"/> Delete		TITLE PRESIDENT NAME TAIK HAWLIM STREET ADDRESS 205 INDUSTRIAL BLVD CITY-ST-ZIP SUGAR LAND TX 77478	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME FLANNERY, CALIN STREET ADDRESS 30000 MILL CREEK AVE CITY-ST-ZIP ALPHARETTA, GA 30022	<input type="checkbox"/> Delete		TITLE SECRETARY NAME ARLENE POWIS STREET ADDRESS 205 INDUSTRIAL BLVD CITY-ST-ZIP SUGAR LAND TX 77478	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME BEVERLY, PAUL STREET ADDRESS 2311 N FM 620 RD CITY-ST-ZIP AUSTIN, TX 78726	<input type="checkbox"/> Delete		TITLE TREASURER NAME THOMAS E. MAYS STREET ADDRESS 7030 ARDMORE CITY-ST-ZIP HOUSTON TX 77054	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME LEVEY, GEORGE STREET ADDRESS 1601 SCHLUMBERGER DRIVE CITY-ST-ZIP MOORESTOWN, NJ 08057	<input type="checkbox"/> Delete		TITLE VICE PRESIDENT NAME MICHAEL A HANTEL STREET ADDRESS 205 INDUSTRIAL BLVD CITY-ST-ZIP SUGAR LAND TX 77478	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>T. E. Mays</i></u> TREASURER			Date 2-17-05		Daytime Phone # (281) 2854867