Statement of Change of Agent DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of F following statement for the pur	RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> to pose of changing its registered	he undersigned corporation su dagent in the State of Rhode I	ıbmits the sland:
Entity ID Number	2. Exact Name of the Corporation		
23860	SCHLUMBERGER TECHNOLOGY CORPORATION		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 450 VETERANS MEMORIAL PARKWAY, SUITE 7A			
City/Town EAST PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> 02914
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
NATIONAL REGISTERED AGENTS, INC.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 222 Jefferson Blvd Ste 200			
City/Town <b>Warwick</b>		State RHODE ISLAND	Zip 02888
6. The name of the NEW registered agent is:			
Capitol Corporate Services, Inc.			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
☑ Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the day of filing)			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation  Dagan Manual Assistant Sciriting 8-1-16			
Signature of Authorized Officer of the Corperation  SIGN DOCUMENT HERE			
4.7			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FORM 640 - Revised: 06/2016