

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90057 043 ***558.75

DOCUMENT # P01000022343

1. Entity Name

Mainframegroup Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Vanha Talvitie 2-6

3. Mailing Address

Suite, Apt. #, etc.
A13

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Helsinki

City & State

4. FEI Number
43-1917839

Applied For
Not Applicable

Zip
00910

Country
Finland

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NRAI SERVICES, INC

Street Address (P.O. Box Number Not Acceptable)
526 E. PARK AVENUE

City
TALLAHASSEE

FL

Zip Code
32301

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 persisting)

DATE

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



January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Markus Jarvelainen
Haamiskatie 8 A 6
00910 Helsinki, Finland

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Jarkko Hagstrom
Vanha Talvitie 2-6 A 13
Helsinki 00580, Finland

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Karri Puumanen
Vanha Talvitie 2-6 A 13
Helsinki 00580, Finland

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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)(b), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Markus Jarvelainen

6/10/2002

Date

+ 358 9 40 555 0891

Daytime Phone #

ORIGINAL (12/01)