

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90375 031 ***150.00

DOCUMENT # F00000000454

1. Entity Name
NOKIA INC.



Principal Place of Business
**6000 CONNECTION DRIVE
IRVING, TX 75039**

Mailing Address
**6000 CONNECTION DRIVE
IRVING, TX 75039**

40034544



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3127709

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STIMSON, RICHARD W	
STREET ADDRESS	6000 CONNECTION DRIVE	
CITY - ST - ZIP	IRVING, TX 75039	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHELLGREN, PAUL	
STREET ADDRESS	6000 CONNECTION DRIVE	
CITY - ST - ZIP	IRVING, TX 75039	
TITLE	VPTC	<input checked="" type="checkbox"/> Delete
NAME	MCHUGH, TRISH	
STREET ADDRESS	6000 CONNECTION DRIVE	
CITY - ST - ZIP	IRVING, TX 75039	
TITLE	AT	<input type="checkbox"/> Delete
NAME	VEIKKOLAINEN, MIA	
STREET ADDRESS	1040 CROWNE PT PKWY STE 900	
CITY - ST - ZIP	ATLANTA, GA 30338	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HALL, ELIANE	
STREET ADDRESS	6000 CONNECTION DRIVE	
CITY - ST - ZIP	IRVING, TX 75039	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ECKERSLEY, TIMOTHY	
STREET ADDRESS	6000 CONNECTION DRIVE	
CITY - ST - ZIP	IRVING, TEXAS 75039	
TITLE	VPTC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH, JASWIR	
STREET ADDRESS	6000 CONNECTION DRIVE	
CITY - ST - ZIP	IRVING, TX 75039	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]

Eric Marmurek

2/5/07

214-244-3170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #