


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90018 019 ***150.00

DOCUMENT # 482098	
1. Entity Name NORTEL NETWORKS (CALA) INC.	

Principal Place of Business 1500 CONCORD TERR SUNRISE, FL 33323-2815	Mailing Address LAW DEPARTMENT 1500 CONCORD TERRACE SUNRISE, FL 33323 US
------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40040358



03202007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1664226		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEJAR, MARTHA 1500 CONCORD TERRACE SUNRISE, FL 333232815 <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	D DEROMA, NICHOLAS J 8200 DIXIE ROAD, SUITE 100 BRAMPTON ONTARIO CANADA, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Gordon Davie 195 The West Mall Toronto Ontario CAN</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLIS, WILLIAM 1500 CONCORD TERRACE SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>S Jacqueline Hea 1500 Concord Terr Sunrise, FL 33323</i>
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
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 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: *Jacqueline Hea* **Jacqueline Hea, Secretary** 3/20/07 954-851-8366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40040358

Division of Corporations**Annual Report**

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Document Number	482098
Business Entity Name	NORTEL NETWORKS (CALA) INC.
FEI Number	591664226
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	1500 CONCORD TERR
Suite, Apt. #, etc.	
City, State	SUNRISE, FL
Zip Code & Country	333232815

Mailing Address

Address	LAW DEPARTMENT
Suite, Apt. #, etc.	1500 CONCORD TERRACE
City, State	SUNRISE, FL
Zip Code & Country	33323 US

Name and Address of Registered Agent

RA Business Name	CT CORPORATION SYSTEM
Address	1200 SOUTH PINE ISLAND RD.
Suite, Apt. #, etc.	
City, State	PLANTATION, FL
Zip Code & Country	33324 US
Registered Agent Signature	

Officer/Director Name and Address

Title	P
Name (Last, First, Middle, Title)	BEJAR, MARTHA
Street Address	1500 CONCORD TERRACE
City, State	SUNRISE, FL
Zip Code & Country	333232815

ATTACHMENT
40040358

Title D #482098
Name (Last, First, Middle, Title) KALES, MICHAEL
Street Address 1500 CONCORD TERRACE
City, State SUNRISE, FL
Zip Code & Country 33321

Title T
Name (Last, First, Middle, Title) ELLIS, WILLIAM
Street Address 1500 CONCORD TERRACE
City, State SUNRISE, FL
Zip Code & Country 33323

Title S
Name (Last, First, Middle, Title) HEA, JACQUELINE
Street Address 1500 CONCORD TERRACE
City, State SUNRISE, FL
Zip Code & Country 33321

Title S
Officer/Director Signature JACQUELINE C. HEA

Continue

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