## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 482098** 

Entity Name: NORTEL NETWORKS (CALA) INC.

FILED Jan 22, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1500 CONCORD TERR SUNRISE, FL 333232815				1500 CONCORD TERRACE SUNRISE, FL 333232815			
Current Mailing Address:				New Mailing Address:			
LAW DEPA 1500 CON SUNRISE,	CORD TERRA	ACE US					
FEI Number: 59-1664226 FEI Number Applied For ( )			FEI Nur	FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of (	Current Registered Agent:		Name and	Address	of New Registered Agent:	
1200 SOU	ORATION SYS TH PINE ISLA ON, FL 33324	ND RD.					
The above in the State		submits this statement for the p	ourpose o	of changing i	ts registere	d office or registered agent, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Age	ent			Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ( BARRIOS, ALV 1500 CONCOR SUNRISE, FL	D TERRACE		Title: Name: Address: City-St-Zip:		CORD TERRACE	
Title: Name: Address: City-St-Zip:	GORDAN, DAV 195 THE WES			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( ELLIS, WILLIA 1500 CONCOR SUNRISE, FL	D TERRACE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( SUAREZ, JOR 1500 CONCOR SUNRISE, FL	D TERRACE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AS ( GOMEZ, CRIS 1500 CONCOR SUNRISE, FL	D TERRACE		Title: Name: Address: City-St-Zip:	A GOMEZ, CI 1500 CONO SUNRISE, I	CORD TERRACE	
Title: Name: Address: City-St-Zip:	VP ( KALES, MICHA 1500 CONCOR SUNRISE, FL	D TERRACE		Title: Name: Address: City-St-Zip:	V KALES, MIC 1500 CONC SUNRISE. I	CORD TERRACE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE LINE H SUAZEZ S 01/22/2009