

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED
 95 MAR 23 AM 11:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 828088 (5)
 1. Corporation Name
NORTHERN TELECOM INC.

Principal Place of Business Mailing Address
NORTHERN TELECOM PLAZA **NORTHERN TELECOM PLAZA**
200 ATHENS WAY **200 ATHENS WAY**
NASHVILLE TN 37228-0803 **NASHVILLE TN 37228-0803**

2. Principal Place of Business 2a. Mailing Address
 21 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Zip Country Country

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 3a. Date of Last Report
06/06/1972 **04/27/1994**

4. FEI Number Applied For
04-2486332 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM 81 Name
1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 83
 84 City 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUENKE, DONALD J	1.2 NAME	
STREET ADDRESS	777 E WISCONSIN AVE STE 3015	1.3 STREET ADDRESS	2920 Matheson Blvd. E
CITY-ST-ZIP	MILWAUKE WI	1.4 CITY-ST-ZIP	Mississauga, Ont. Canada L4W 4M7
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHEE, GARY R	2.2 NAME	
STREET ADDRESS	200 ATHEN SWAY	2.3 STREET ADDRESS	2221 Lakeside Blvd.
CITY-ST-ZIP	NASHVILLE, TN 00000	2.4 CITY-ST-ZIP	Richardson, TX 75083-4399
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALETTI, RICHARD P	3.2 NAME	
STREET ADDRESS	3 ROBERT SPECK PKW	3.3 STREET ADDRESS	2221 Lakeside Blvd. 1
CITY-ST-ZIP	MISSISSAUGA ONTARIO CA	3.4 CITY-ST-ZIP	Richardson, TX 75083-3858
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECTER, ROGER A.	4.2 NAME	
STREET ADDRESS	200 ATHENS WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	
TITLE	VPT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMEISTER, ROBERT M	5.2 NAME	
STREET ADDRESS	200 ATHENS WAY	5.3 STREET ADDRESS	200 Athens Way
CITY-ST-ZIP	NASHVILLE FL	5.4 CITY-ST-ZIP	Nashville, TN 37228-1397
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, DONALD K.	6.2 NAME	Asst. Treasurer
STREET ADDRESS	200 ATHENS WAY	6.3 STREET ADDRESS	Robert L. Ashby
CITY-ST-ZIP	NASHVILLE TN	6.4 CITY-ST-ZIP	200 Athens Way Nashville, TN 37228-1397

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Ashby* Robert L. Ashby 3-16-95 (615) 734-4549
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Within 1 Year)