

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 828088 (5)

1. Corporation Name
NORTHERN TELECOM INC.



Principal Place of Business: **NORTHERN TELECOM PLAZA, 200 ATHENS WAY, NASHVILLE TN 37228-8803**
Mailing Address: **NORTHERN TELECOM PLAZA, 200 ATHENS WAY, NASHVILLE TN 37228-8803**

3. Date Incorporated or Qualified: **06/06/1972**
3a. Date of Last Report: **03/23/1995**
4. FEI Number: **04-2486332**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24 Country: 25
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

TITLE	D <input type="checkbox"/> DELETE
NAME	SCHUENKE, DONALD J
STREET ADDRESS	777 E WISCONSIN AVE STE 3015
CITY-ST-ZIP	MILWAUKEE WI
TITLE	PD <input type="checkbox"/> DELETE
NAME	DONAHEE, GARY R
STREET ADDRESS	200 ATHENS SWAY
CITY-ST-ZIP	NASHVILLE, TN 00000
TITLE	VP <input type="checkbox"/> DELETE
NAME	FALETTI, RICHARD P
STREET ADDRESS	3 ROBERT SPECK PKW
CITY-ST-ZIP	MISSISSAUGA ONTARIO CA
TITLE	AS <input type="checkbox"/> DELETE
NAME	SCHECTER, ROGER A.
STREET ADDRESS	200 ATHENS WAY
CITY-ST-ZIP	NASHVILLE TN
TITLE	VPT <input checked="" type="checkbox"/> DELETE
NAME	NEUMEISTER, ROBERT M
STREET ADDRESS	200 ATHENS WAY
CITY-ST-ZIP	NASHVILLE FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	PETERSON, DONALD K.
STREET ADDRESS	200 ATHENS WAY
CITY-ST-ZIP	NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2920 Matheson Blvd. East
1.4 CITY-ST-ZIP	Mississauga, Ont. Canada L4W 4M7
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2221 Lakeside Blvd.
2.4 CITY-ST-ZIP	Richardson, TX 75082-4399
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2221 Lakeside Blvd.
3.4 CITY-ST-ZIP	Richardson, TX 75082-4399
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Treasurer
5.3 STREET ADDRESS	Robert L. Ashby
5.4 CITY-ST-ZIP	200 Athens Way
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Nashville, TN 37228-1397
6.3 STREET ADDRESS	Vice President
6.4 CITY-ST-ZIP	David A. Twyver
	2221 Lakeside Blvd.
	Richardson, TX 75082-4399

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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

2-20-96

(615) 734-4549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)