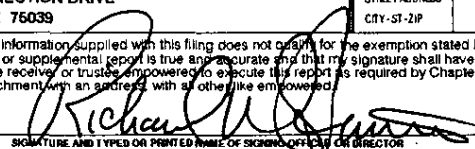


**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90093 024 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                      |                                                                                                                        |                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F00000000454</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                      |                                                                                                                        |                |  |
| 1. Entity Name<br><b>NOKIA INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                      |                                                                                                                        |                                                                                                 |  |
| Principal Place of Business<br><b>6000 CONNECTION DRIVE<br/>IRVING, TX 75039</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | Mailing Address<br><b>6000 CONNECTION DRIVE<br/>IRVING, TX 75039</b> |                                                                                                                        |                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | 3. Mailing Address                                                   |                                                                                                                        |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | Suite, Apt. #, etc.                                                  |                                                                                                                        |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | City & State                                                         |                                                                                                                        | 4. FEI Number<br><b>59-3127709</b>                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | Country                                                              |                                                                                                                        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>NATIONAL REGISTERED AGENTS, INC.<br/>526 EAST PARK AVE.<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                      |                                                                                                                        | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                      |                                                                                                                        |                                                                                                 |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PCD<br>WILSKA, KARI-PEKKA<br>6000 CONNECTION DRIVE<br>IRVING, TX 75039 | <input type="checkbox"/> Delete                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | see attached                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | V<br>CHELLGREN, PAUL<br>6000 CONNECTION DRIVE<br>IRVING, TX 75039      | <input type="checkbox"/> Delete                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AS<br>HUTCHINS, RICHARD W<br>6000 CONNECTION DRIVE<br>IRVING, TX 75039 | <input checked="" type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | V<br>PAULSON,<br>6000 CONNECTION DRIVE<br>IRVING, TX 75039             | <input checked="" type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AT<br>MCHUGH, TRISH<br>6000 CONNECTION DRIVE<br>IRVING, TX 75039       | <input type="checkbox"/> Delete                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AT<br>VEIKKOLAINEN, MIA<br>6000 CONNECTION DRIVE<br>IRVING, TX 75039   | <input type="checkbox"/> Delete                                      | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                      | 3-7-03 972-894-5000                                                                                                    |                                                                                                 |  |
| Richard W. Stinson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                      |                                                                                                                        |                                                                                                 |  |

CR2034 (10/02)

80064275

**Attachment to**  
**2003 Uniform Business Report - Florida**  
**Nokia Inc.**  
**F00000000454**

**DIRECTORS**

| <u>Name</u>        | <u>Address</u> |
|--------------------|----------------|
| Kari-Pekka Wilska  | (1)            |
| Kirsi Sormunen     | (1)            |
| Richard W. Stimson | (1)            |

**OFFICERS**

| <u>Name</u>          | <u>Office</u>                                            | <u>Address</u> |
|----------------------|----------------------------------------------------------|----------------|
| Kari-Pekka Wilska    | President                                                | (1)            |
| Pekka Vartiainen     | Vice President                                           | (1)            |
| Kirsi Sormunen       | Vice President, Treasurer and<br>Chief Financial Officer | (1)            |
| Eliane Hall          | Vice President                                           | (1)            |
| Richard W. Stimson   | Vice President and Secretary                             | (1)            |
| Paul Chellgren       | Vice President                                           | (1)            |
| Soren Jenry Petersen | Vice President                                           | (2)            |
| Timothy P. Eckersley | Vice President                                           | (1)            |
| John Robinson        | Vice President                                           | (1)            |
| Heikki Kasko         | Vice President                                           | (1)            |
| Markku Hynninen      | Vice President                                           | (4)            |
| William Plummer      | Vice President                                           | (3)            |
| Donal O'Connell      | Vice President                                           | (1)            |
| Eric Marmurek        | Assistant Secretary                                      | (1)            |
| Randal Golden        | Assistant Secretary                                      | (5)            |
| Jan-Erik Stenman     | Assistant Treasurer                                      | (1)            |
| Patricia McHugh      | Assistant Treasurer                                      | (1)            |
| Mia Veikkolainen     | Assistant Treasurer                                      | (1)            |
| Kari Saarinen        | Assistant Treasurer                                      | (4)            |
| Sandy Resnick        | Assistant Treasurer                                      | (5)            |

- (1) 6000 Connection Drive, Irving, TX 75039
- (2) 12278 Scripps Summit Drive, San Diego, CA 92131
- (3) 1101 Connecticut Avenue, NW, Washington, DC 20036
- (4) 2235 Mercury Way, Santa Rosa, CA 95407
- (5) 313 Fairchild Drive, Mountain View, CA 94043