

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 25 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02162004 Chg-P CR2E034 (10/03) 04

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| DOCUMENT # F01000006382 | | | | | |
| 1. Entity Name VERTU AMERICAS INC. | | | | | |
| Principal Place of Business 595 MADISON AVENUE, 37TH FLOOR NEW YORK, NY 10022 | | | Mailing Address C/O NOKIA 6000 CONNECTION DRIVE, M/C 1-4-735 IRVING, TX 75039 75 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 22-3825187 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600030506006 03/16/04--01031--004 **150.00 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ASHALL, PETER 595 MADISON AVENUE, 37TH FLOOR NEW YORK, NY 10022 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director + President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nigel Litchfield 595 Madison Avenue, 37th Floor NY, NY 10022 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS BORCHERS, ROBERT 595 MADISON AVENUE, 37TH FLOOR NEW YORK, NY 10022 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Giles Rees 595 Madison Avenue, 37th Floor NY, NY 10022 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SORMUNEN, KIRSI 6000 CONNECTION DRIVE IRVING, TX 75039 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director + Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Peter Fazio 595 Madison Avenue NY, NY 10022 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT FRONDAROLI, CARLO 595 MADISON AVENUE, 37TH FLOOR NEW YORK, NY 10022 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director + Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gary Baker 595 Madison Avenue, 37th Floor NY, NY 10022 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT STENMAN, JAN-ERIK 6000 CONNECTION DRIVE IRVING, TX 75039 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Asst. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patricia McHugh 6000 Connection Drive Irving, TX 75039 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MARMUREK, ERIC 6000 CONNECTION DRIVE IRVING, TX 75039 <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 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: | | | 2/16/04 972-894-4508 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

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