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

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, NJC 1-4-735 IRVING, TX 75039 75																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
City & State			City & State																																																																																																																																																								
Zip		Country		Zip																																																																																																																																																							
Country		Country		4. FEI Number 22-3825187 ☐ Applied For ☐ Not Applicable																																																																																																																																																							
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				☐ CHECK HERE IF MAKING CHANGES																																																																																																																																																							
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 626 EAST PARK AVENUE TALLAHASSEE, FL 32301				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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering)																																																																																																																																																											
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ASHALL, PETER</td> <td></td> <td>STREET ADDRESS</td> <td>Vice President</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>595 MADISON AVENUE, 37TH FLOOR</td> <td></td> <td>CITY-ST-ZIP</td> <td>+ Director</td> <td></td> </tr> <tr> <td></td> <td>NEW YORK, NY 10022</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DVS</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>BORCHERS, ROBERT</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>595 MADISON AVENUE, 37TH FLOOR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10022</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>SORMUNEN, KIRSI</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6000 CONNECTION DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>IRVING, TX 75039</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DT</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>FRONDAROLI, CARLO</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>595 MADISON AVENUE, 37TH FLOOR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10022</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>AT</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>STENMAN, JAN-ERIK</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6000 CONNECTION DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>IRVING, TX 75039</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>PD</td> <td style="text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>MARMUREK, ERIC</td> <td></td> <td>NAME</td> <td>Nigel Litchfield</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6000 CONNECTION DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td>595 Madison Ave, 37th Floor,</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>IRVING, TX 75039</td> <td></td> <td>CITY-ST-ZIP</td> <td>New York, NY 10022</td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☒ Change ☐ Addition	STREET ADDRESS	ASHALL, PETER		STREET ADDRESS	Vice President		CITY-ST-ZIP	595 MADISON AVENUE, 37TH FLOOR		CITY-ST-ZIP	+ Director			NEW YORK, NY 10022					TITLE	DVS	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	BORCHERS, ROBERT		NAME			STREET ADDRESS	595 MADISON AVENUE, 37TH FLOOR		STREET ADDRESS			CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP			TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	SORMUNEN, KIRSI		NAME			STREET ADDRESS	6000 CONNECTION DRIVE		STREET ADDRESS			CITY-ST-ZIP	IRVING, TX 75039		CITY-ST-ZIP			TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	FRONDAROLI, CARLO		NAME			STREET ADDRESS	595 MADISON AVENUE, 37TH FLOOR		STREET ADDRESS			CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP			TITLE	AT	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	STENMAN, JAN-ERIK		NAME			STREET ADDRESS	6000 CONNECTION DRIVE		STREET ADDRESS			CITY-ST-ZIP	IRVING, TX 75039		CITY-ST-ZIP			TITLE	S	☐ Delete	TITLE	PD	☐ Change ☒ Addition	NAME	MARMUREK, ERIC		NAME	Nigel Litchfield		STREET ADDRESS	6000 CONNECTION DRIVE		STREET ADDRESS	595 Madison Ave, 37th Floor,		CITY-ST-ZIP	IRVING, TX 75039		CITY-ST-ZIP	New York, NY 10022	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(a), 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: <u>Eric Marmurek</u> 3-7-03 972-894-5000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																																																																																																																																																											

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Eric Marmurek
Secretary