Fa100000 1715

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| | ACCOUNT NO. | : | 12000000 | 0195 | |
|-----------------|----------------|--------------|----------|---------|---|
| | REFERENCE | : | 734904 | 7135160 | |
| | AUTHORIZATION | : , | misse | nan | t |
| | COST LIMIT | : | | | |
| | | | | | |
| ORDER DATE : | March 29, 2021 | | | | |
| ORDER TIME : | 9:40 AM | | | | |
| ORDER NO. : | 734904-005 | | | | |
| CUSTOMER NO: | 7135160 | | | | |
| | | _ _ _ | | | |
| | | | | | |
| FOREIGN FILINGS | | | | | |
| | | | | | |

NAME: NOKIA INVESTMENT MANAGEMENT CORPORATION

| XXXX QUALIFICATION (TYPE: CO) | | | | |
|-------------------------------|-----------|---------------------------------|-------------|---------|
| PLEASE R | ETURN THE | FOLLOWING | AS PROOF OF | FILING: |
| xx | | COPY MPED COPY TE OF GOOD | STANDING | |
| CONTACT | PERSON: | Alexxis We | iland EXT | ‡ 61592 |

EXAMINER:

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|---------------|--|----------------------------------|
| SUBJECT: Nokia Investment Management | Corporation | | |
| | corporation - | - must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to tran | `Good Stand | ling" and check are submitted to regi | |
| Please return all correspondence concerning | this matter t | to the following: | |
| Margaret Gelsi | | | |
| | Name of P | erson | |
| c./o Nokia of America Corporation | | | |
| | Firm/Comp | pany | |
| 600 Mountain Avenue- Room 6G 216 | | | |
| | Addres | is | |
| Murray Hill, New Jersey 07974 | | | |
| | City/State an | d Zip code | · |
| peggy.gelsi@nokia.com | | | |
| E-mail address: (| to be used fo | r future annual report notification) | |
| For further information concerning this matt | er, please ca | 11: | |
| Margaret G. Gelsi | 908 | 334-0147 | |
| Name of Person | Area Code | Daytime Telephone Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| Enclosed is a check for the following amoun Please make check payable to: FLORIDA DEP. \$\Bigsir \\$70.00 \text{Filing Fee} \Bigsir \\$78.75 \text{Filing Fe} \text{Certificate of S} | ARTMENT (| \$78.75 Filing Fee & S87.50 Certified Copy Certific | Filing Fee, ate of Status & |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| | of corporation; must include "IN," "Corp," "Inc," "Co," or "Corp." | | "COMPANY," "CORPORATION | <u>,,, , , , , , , , , , , , , , , , , , </u> |
|---------------|--|-----------------------|---|---|
| me., co. | , corp. me, co, or corp. | , | | 1 |
| | | | | • |
| (If name un | available in Florida, enter alterna | te corporate name ac | dopted for the purpose of transacting | g business in Florida) |
| 2. Delawa | are | 3. | 22-3646524 | ! |
| (State or c | ountry under the law of which it i | s incorporated) | (FEI number, if app | olicable) |
| 4March 13 | | 5 | (Date of duration, if other the | |
| (| Date of incorporation) | | (Date of duration, if other th | nan perpetual) |
| 6. On filing | | | | |
| | | | Florida, if prior to registration) 12. F.S., to determine penalty liabilit | y) |
| 7. 600 Moun | tain Avenue, Murray Hill, New Jo | ersey 07974 | | 1 |
| | | (Principal office | e street address) | 283 |
| | | | | 五二 可 |
| | | (Current mailing | address, if different) | |
| | | | | 製。加 |
| 8. Name and | street address of Florida regist | • | Box NOT acceptable) | AND: OF STAT |
| Nam | e: Corporation Service Com | npany | <u> </u> | E STI |
| Office Addres | ss: 1201 Hays Street | | | ATE OF |
| | Tallahassee | | , Florida 32301 | ! |
| | (City |) | (Zip code) | |
| 9 Registere | d agent's acceptance: | | | |
| Having been | named as registered agent an | | e of process for the above stated | |
| | | | ent as registered agent and agred lative to the proper and complete | |
| | iliar with and accept the oblig | | | ; perjormance of my unites, |
| | | \bigcirc | OOD | ı |
| | Corporation Service Con | ipany Mar | ida E Tolumen | ٠ ا |
| | By: | 7, | Amenda Mažimora, Assistanti Jes Preside | |
| | (Re | gistered agent's sign | nature) | ı |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

. A. DIRECTORS See attached Name: □Chairman Name: ___ □Chairman ☐ Vice Chairman Address: _____ Address: ____ ☐ Vice Chairman □ Director □Director □President □ President □Vice President ☐ Vice President □Secretary ☐Treasurer □ Secretary ☐Treasurer 1 □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman Name: _____ □ Chairman Name: ______ □Vice Chairman Address: □Vice Chairman Address: _____ □ Director □ Director □President □President □Vice President ☐ Vice President □Secretary Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman Name: _____ Name: □Chairman □Vice Chairman Address: _____ □ Vice Chairman Address: ____ ☐ Director □ Director □ President □President □Vice President __ □ Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the jndex when filing your Florida Department of State Annual Report form.

□Other _____

12. Jamanel Which

□ Other _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jeanmarie C. Grisi, President

□Other _____

NOKIA INVESTMENT MANAGEMENT CORPORATION

Officers and Directors

Address for all: 600 Mountain Avenue, Murray Hill, NJ 07974

OFFICERS

Jeanmarie C. Grisi President

Scott L. Deo Vice President and Treasurer

Andrew O'Brien Vice President
Kerry A. Gillin Secretary

Shannon Matarazzo Assistant Secretary

DIRECTORS

Jani Relander (Chairman) Jeanmarie C. Grisi

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NOKIA INVESTMENT MANAGEMENT

CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

TWENTY-NINTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOKIA INVESTMENT,"

MANAGEMENT CORPORATION" WAS INCORPORATED ON THE TWELFTH DAY OF

MARCH, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202842108

Date: 03-29-21