

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000003504 (7)

1. Corporation Name

NOKIA DISPLAY PRODUCTS INC.

Principal Place of Business

% GILBERT, SEGALL AND YOUNG
 430 PARK AVE.
 NEW YORK NY 10022

Mailing Address

% GILBERT, SEGALL AND YOUNG
 430 PARK AVE.
 NEW YORK NY 10022

FILED

95 AUG -3 AM 9:12

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/05/1994

3a. Date of Last Report

2. Principal Place of Business

21 **1505 Bridgeway Blvd.**

2a. Mailing Address

2a **1505 Bridgeway Blvd**

Suite, Apt. #, etc.

22 **Suite 128**

Suite, Apt. #, etc.

27 **# 128**

City & State

23 **Sausalito, CA**

City & State

28 **Sausalito CA**

Zip

24 **94965**

Country

25 **USA**

Zip

29 **94965**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST., STE. 105
 TALLAHASSEE FL 32301**

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 their corporation

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSKA, KARI-PEKKA
STREET ADDRESS	4205 DIPLOMACY ROAD, CENTREPORT 2
CITY - ST - ZIP	FORT WORTH TX 76155
TITLE	D
NAME	VALKEASUO, ERIKKI
STREET ADDRESS	P.O. BOX 14 (SALORANKATU 57)
CITY - ST - ZIP	SF-24101 SALO, FINLAND
TITLE	D
NAME	SILBIGER, THOMAS
STREET ADDRESS	430 PARK AVE.
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	P
NAME	MOTRAGHI, MAHYAR
STREET ADDRESS	2000 BRIDGEWAY
CITY - ST - ZIP	SAUSALITO CA 94965
TITLE	S
NAME	HERTZBERG, TODD
STREET ADDRESS	1013 MAGNOLIA DR.
CITY - ST - ZIP	CLEARWATER FL 34618
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
21. TITLE	☐ Change ☒ Addition
22. NAME	also President
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ON

Ken... 8/24/95 (813) 288-3800