

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Candice H. McArthur  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003700 (1)**

1. Corporation Name  
**ERICSSON NORTH AMERICA INC.**

Principal Place of Business  
**1010 E. ARAPAHO RD.  
RICHARDSON TX 75083-3875**

Mailing Address  
**P.O. BOX 833875  
RICHARDSON TX 75083-3875**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/14/1994**

3a. Date of Last Report

2. Principal Place of Business  
21  
2b. Mailing Address  
25 **740 E. CAMPBELL ROAD**

4. FEI Number  
**75-2312777**

Applied For  
Not Applicable

22 Suite, Apt #, etc.

27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State  
**RICHARDSON, TEXAS**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country  
25 Country  
29 **75081** 30 **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

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 the corporation)

(Signature typed or printed name of registered agent and the corporation)

DATE

| 12. OFFICERS AND DIRECTORS |                                   |
|----------------------------|-----------------------------------|
| TITLE                      | <b>P</b>                          |
| NAME                       | <b>HEDFORS, BO C</b>              |
| STREET ADDRESS             | <b>1010 E. ARAPAHO RD.</b>        |
| CITY - ST - ZIP            | <b>RICHARDSON TX 75081</b>        |
| TITLE                      | <b>V</b>                          |
| NAME                       | <b>DELALUZ, JOSEPH</b>            |
| STREET ADDRESS             | <b>1010 E. ARAPAHO RD.</b>        |
| CITY - ST - ZIP            | <b>RICHARDSON TX 75081</b>        |
| TITLE                      | <b>S</b>                          |
| NAME                       | <b>LYLES, LAWRENCE F</b>          |
| STREET ADDRESS             | <b>1010 E. ARAPAHO RD.</b>        |
| CITY - ST - ZIP            | <b>RICHARDSON TX 75081</b>        |
| TITLE                      | <b>T</b>                          |
| NAME                       | <b>GILLERT, MICHAEL C</b>         |
| STREET ADDRESS             | <b>1010 E. ARAPAHO RD.</b>        |
| CITY - ST - ZIP            | <b>RICHARDSON TX 75081</b>        |
| TITLE                      | <b>DC</b>                         |
| NAME                       | <b>KALLEN, LEIF</b>               |
| STREET ADDRESS             | <b>1010 E. ARAPAHO RD.</b>        |
| CITY - ST - ZIP            | <b>RICHARDSON TX 75081</b>        |
| TITLE                      | <b>DC</b>                         |
| NAME                       | <b>RAMQVIST, LARS</b>             |
| STREET ADDRESS             | <b>TELEFONPLAN</b>                |
| CITY - ST - ZIP            | <b>S-128 25 STOCKHOLM, SWEDEN</b> |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME   |   |
| 13 STREET ADDRESS                                     |   |
| 14 CITY - ST - ZIP                                    |   |
| 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME   |   |
| 23 STREET ADDRESS                                     |   |
| 24 CITY - ST - ZIP                                    |   |
| 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME   |   |
| 33 STREET ADDRESS                                     |   |
| 34 CITY - ST - ZIP                                    |   |
| 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME   |   |
| 43 STREET ADDRESS                                     |   |
| 44 CITY - ST - ZIP                                    |   |
| 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME   |   |
| 53 STREET ADDRESS                                     |   |
| 54 CITY - ST - ZIP                                    |   |
| 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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 119 (073)(6), 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 on an attachment with an address.

SIGNATURE:

*John T. Moore* **John T. Moore** 5/2/95  
DATE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

(Signature Printed)