

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000004090 (4)

1. Corporation Name  
NOKIA TELECOMMUNICATIONS INC.



Principal Place of Business  
7 VILLAGE CIRCLE, STE 100  
WESTLAKE TX 76262

Mailing Address  
7 VILLAGE CIRCLE, STE 100  
WESTLAKE TX 76262-8552

3. Date Incorporated or Qualified 08/08/1996	3a. Date of Last Report
4. FEI Number 75-2506483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

NRAI SERVICES INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALO, JYRKI	12 NAME	
STREET ADDRESS	7 VILLAGE CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE TX	14 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIRAS, MATTI	22 NAME	
STREET ADDRESS	7 VILLAGE CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE TX	24 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDAUF, SARI	32 NAME	Upseerinkatu 1
STREET ADDRESS	UPSEERENKATU 1	33 STREET ADDRESS	
CITY-ST-ZIP	FIN-02601 ESPOO FINLAND	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELAMIES, LAURI	42 NAME	Upseerinkatu 1
STREET ADDRESS	UPSEERENKATU 1	43 STREET ADDRESS	
CITY-ST-ZIP	FIN-02601 ESPOO FINLAND	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIKKA, TIMO	52 NAME	Upseerinkatu 1
STREET ADDRESS	UPSEERENKATU 1	53 STREET ADDRESS	
CITY-ST-ZIP	FIN-02601 ESPOO FINLAND	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORANEN, PEKKA	62 NAME	Upseerinkatu 1
STREET ADDRESS	UPSEERENKATU 1	63 STREET ADDRESS	
CITY-ST-ZIP	FIN-02601 ESPOO FINLAND	64 CITY-ST-ZIP	

14. I do 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 and dated 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:

*Matti Airas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matti Airas

3/11/97

817/491-5800

CR2E034 (9/96)