

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 NOV 16 PM 2: 06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0110008

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000004090
 1. Corporation Name
NOKIA TELECOMMUNICATIONS INC.

Principal Place of Business: 6000 CONNECTION DRIVE, IRVING TX 75039, US
 Mailing Address: 6000 CONNECTION DRIVE, IRVING TX 75039, US



DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		75-2506483	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24	25	29	30	8.	This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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: **TS**
 82 Street Address (P.O. Box Number is Not Acceptable):
 83 Zip Code: **FL 85**

REINSTATEMENT 99

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]* (NOTE: Registered Agent Signature required when reinstating) DATE: **11/15/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SALO, JYRKI	
STREET ADDRESS	6000 CONNECTION DRIVE	
CITY-ST-ZIP	IRVING TX 75039	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KOLVISTO, MAARIT	
STREET ADDRESS	6000 CONNECTION DRIVE	
CITY-ST-ZIP	IRVING TX 75039	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	KALLASVUO, OLLI-PEKKA	
STREET ADDRESS	6000 CONNECTION DRIVE	
CITY-ST-ZIP	IRVING TX 75039	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUNDMARK, PEKKA	
STREET ADDRESS	6000 CONNECTION DRIVE	
CITY-ST-ZIP	IRVING TX 75039	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUIKKA, TIMO	
STREET ADDRESS	6000 CONNECTION DRIVE	
CITY-ST-ZIP	IRVING TX 75039	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALAMAKI, TUOMO	
STREET ADDRESS	6000 CONNECTION DRIVE	
CITY-ST-ZIP	IRVING TX 75039	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	900003050059	
1.3 STREET ADDRESS	-11/19/99--01082--023	
1.4 CITY-ST-ZIP	***\$500.00 ***\$500.00	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Veikkolainen, Maarit	
2.3 STREET ADDRESS	6000 Connection Dr	
2.4 CITY-ST-ZIP	Irving, TX 75039	***\$200.00 ***\$200.00
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kirsi Sormenun	
3.3 STREET ADDRESS	6000 Connection Dr.	
3.4 CITY-ST-ZIP	Irving, TX 75039	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Penny Parker	
4.3 STREET ADDRESS	6000 Connection Dr	
4.4 CITY-ST-ZIP	Irving, TX 75039	***\$50.00 ***\$50.00
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kari-Pekka Wilska	
5.3 STREET ADDRESS	6000 Connection Dr.	
5.4 CITY-ST-ZIP	Irving, TX 75039	
6.1 TITLE	Assistant S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Richard Hutchins	
6.3 STREET ADDRESS	6000 Connection Dr.	
6.4 CITY-ST-ZIP	Irving, TX 75039	

14. I 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 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: *[Signature]* Penny Parker, Secretary (972) 894-5406

CR2E034 (5/99)