

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90061 033 \*\*\*150.00

DATE

**DOCUMENT # F97000002135**  
 1. Entity Name  
**NOKIA IP TELEPHONY INC.**

Principal Place of Business Mailing Address  
**ATTENTION: JILL PIASECKI M/C 1-4-735** **ATTENTION: JILL PIASECKI M/C 1-4-735**  
**6000 CONNECTION DR.** **6000 CONNECTION DR.**  
**IRVING TX 75039** **IRVING TX 75039**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **54-1825646** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>ELLIOTT, KENT</b><br><b>313 FAIRCHILD DRIVE</b><br><b>MOUNTAIN VIEW CA</b>                         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVP</b><br><b>STIMSON, RICHARD W</b><br><b>6000 CONNECTION DR.</b><br><b>IRVING TX 75039</b>                    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>O'BRIEN, LORI</b><br><b>555 LEGGET DRIVE, STE 400</b><br><b>KANATA, ONTARIO, CANADA K2K- 2X3</b>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS</b><br><b>MARMOREK, ERIC</b><br><b>6000 CONNECTION DRIVE</b><br><b>IRVING TX 75039</b>                       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>BOCHERT, LAURIE</b><br><b>555 LEGGET DRIVE, STE. 400</b><br><b>KANATA, ONTARIO, CANADA K2K- 2X3</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AT</b><br><b>STENMAN, JAN ERIC</b><br><b>6000 CONNECTION DR.</b><br><b>IRVING TX 75039</b>                      | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Eric Marmurek, Eric</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Stenman, Jan-Erik</b>   |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eric Marmurek **SIGNATURE REQUIRED** **1/31/02** **972-374-1383**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)