


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90193 019 \*\*\*150.00

DOCUMENT # F99000002350			
1. Entity Name NORTHERN TELECOM INTERNATIONAL INC.			
Principal Place of Business 4001 E. CHAPEL HILL NELSON HWY DURHAM, NC 27709		Mailing Address 18006 SKYPARK CIRCLE SUITE #106 IRVINE, CA 92614	
2. Principal Place of Business		3. Mailing Address 4001 E. Chapel Hill Nelson Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. MS 570/02/0D8	
City & State		City & State Research Triangle Park, NC	
Zip	Country	Zip	Country
27709		27709	US
4. FEI Number 51-0266286		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CROSS, MARY M 4001 E, CHAPEL HILL NELSON HWY. RESEARCH TRIANGLE PARK, NC 27709 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D Kimberly P. Poe 2370 Performance DR Richardson, TX 75082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KREBS, LAURIE A 4001 E. CHAPEL HILL NELSON HWY. RESEARCH TRIANGLE PARK, NC 27709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Karen E. Sledge 2221 Lakeside BLVD Richardson, TX 75082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS EGAN, LYNN C 200 ATHENS WAY NASHVILLE, TN 372281397 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Lynn C. Egan 220 Athens Way Nashville, TN 37228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LOONEY, ROBERT 200 ATHENS WAY NASHVILLE, TN 37228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Laurie A. Krebs / Laurie A. Krebs</u>		Date: <u>4/20/06</u> Daytime Phone #: <u>919992-5000</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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