

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H38079** (0)

1. Corporation Name

NOKIA DATA COMMUNICATIONS CORPORATION



Principal Place of Business

Mailing Address

**2210 TALL PINES DRIVE, STE 200
LARGO FL 34641**

**2210 TALL PINES DRIVE, STE 200
LARGO FL 34641**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HERTZBERG, TODD F.
1013 MAGNOLIA DR.
CLEARWATER FL 34616**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/15/1985

3a. Date of Last Report

04/04/1995

4. FEI Number

59-1738178

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 title (if applicable)

(If not the Registered Agent's signature, it must be the corporation's)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	☐ DELETE
NAME	SALONAJA, PEKKA	
STREET ADDRESS	KOMENTAJANKATU 5	
CITY-STATE-ZIP	ESPOO FI	
TITLE	D	☐ DELETE
NAME	NYBERG, JORMA	
STREET ADDRESS	MAKKYLAN PUISTOTIE 1	
CITY-STATE-ZIP	ESPOO FI	
TITLE	D	☐ DELETE
NAME	HERTZBERG, TODD	
STREET ADDRESS	1013 MAGNOLIA DR.	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	ST	☐ DELETE
NAME	FOGELSONGER, PATRICIA	
STREET ADDRESS	2210 TALL PINES DRIVE	
CITY-STATE-ZIP	LARGO FL	
TITLE	DP	☒ DELETE
NAME	LEINONEN, RIITTA	
STREET ADDRESS	2210 TALL PINES DRIVE, STE. 200	
CITY-STATE-ZIP	LARGO FL	
TITLE	D	☐ DELETE
NAME	KURTEN, CHRISTIAN	
STREET ADDRESS	KOMENTAJANKATU 5	
CITY-STATE-ZIP	ESPOO FI	

1. TITLE	DP	☐ Change ☒ Addition
2. NAME	KEIJO TULOMAKI	
3. STREET ADDRESS	2210 TALL PINES DR SUITE 200	
4. CITY-STATE-ZIP	LARGO, FL 34641	☐ Change ☐ Addition
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		☐ Change ☐ Addition
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		☐ Change ☐ Addition
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		☐ Change ☐ Addition

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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

813-530-1313
Daytime Phone

CR2E034 (12/95)