

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

FILED

Apr 08 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **H38079** (0)

1. Corporation Name:
NOKIA SOURCING INC.

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| Principal Place of Business 2210 TALL PINES DRIVE, STE 200 LARGO FL 34681 | Mailing Address 2210 TALL PINES DRIVE, STE 200 LARGO FL 33771-5317 |
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|--------------------------------|------------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/15/1985 | 3a. Date of Last Report 04/08/1996 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 59-1738178 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New 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 | |

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 signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | C <input checked="" type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SALONJOJA, PEKKA | 12 NAME | JOE PITTS |
| STREET ADDRESS | KOMENTAJANKATU 5 | 13 STREET ADDRESS | 2300 VALLEY VIEW LANE |
| CITY-ST-ZIP | ESPOO FI | 14 CITY-ST-ZIP | IRVING, TX 75062 |
| TITLE | D <input type="checkbox"/> DELETE | 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NYBERG, JORMA | 22 NAME | |
| STREET ADDRESS | MAKKYLAN PUUSTOTIE 1 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ESPOO FI | 24 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERTZBERG, TODD | 3.2 NAME | |
| STREET ADDRESS | 1013 MAGNOLIA DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 3.4 CITY-ST-ZIP | |
| TITLE | ST <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOGELSONGER, PATRICIA | 4.2 NAME | |
| STREET ADDRESS | 2210 TALL PINES DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL | 4.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEVO TULOMAKI | 5.2 NAME | DPST |
| STREET ADDRESS | 2210 TALL PINES DR, SUITE 200 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KURTEN, CHRISTIAN | 6.2 NAME | |
| STREET ADDRESS | KOMENTAJANKATU 5 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ESPOO FI | 6.4 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 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: **KEVO TULOMAKI** 4/4/97 813-530135
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (9/96)