


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90406 024 ***138.75

60012153



DOCUMENT # M06000006834	
1. Entity Name NOKIA SIEMENS NETWORKS US LLC	

Principal Place of Business 1040 CROWN POINTE PKWY., SUITE 900 ATLANTA, GA 30338	Mailing Address 1040 CROWN POINTE PKWY., SUITE 900 ATLANTA, GA 30338
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2. Principal Place of Business - No P.O. Box # 6000 Connection Drive	3. Mailing Address 6000 Connection Dr.
Suite, Apt. #, etc. M/C 4C-1580	Suite, Apt. #, etc. ATTN: Dawn Exford
City & State Irving, TX	City & State Irving, TX
Zip 75039	Country USA

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2615517	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, STE. 4 WESTON, FL 33331
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOKIA SIEMENS NETWORKS HOLDINGS USA, INC. 1040 CROWN POINTE PARKWAY, #900 ATLANTA, GA 30338 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MGR NOKIA SIEMENS NETWORKS HOLDINGS USA INC. 5555 GLENRIDGE CONNECTOR, 8TH FL. ATLANTA, GA 30342 <input checked="" 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
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>Susan Spradley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<u>Susan Spradley</u> Date	<u>2/5/08</u> Daytime Phone #	<u>972-374-0968</u>
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