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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 12 1996 8:00 am
Secretary of State

DOCUMENT # P12884 (3)

1. Corporation Name

NOKIA MOBILE PHONES INC.

Principal Place of Business

6200 COURTNEY CAMPBELL CAUSEWAY
STE 900
TAMPA FL 33607
US

Mailing Address

PO BOX 30730
TAMPA FL 33630
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PTH
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

81 Name
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET, SUITE 105
83
84 City
TALLAHASSEE FL 85 Zip Code
32301

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 I agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Carol Kloppe Asst VP.

3/4/96

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
CD
ALA-PIETILA, PEKKA
STREET ADDRESS
METSANNEIDONKUJA6.PL47
CITY-ST-ZIP
FIN-02131 ES

TITLE ☐ DELETE

NAME
D
WILSKA, KARI-PEKKA
STREET ADDRESS
2300 VALLEY VIEW LANE, SUITE 100
CITY-ST-ZIP
IRVING T

TITLE ☐ DELETE

NAME
S
NORMAN, GENE
STREET ADDRESS
6200 COURTNEY CAMPBELL CAUSEWAY #900
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
T
TERAS, ILKKA
STREET ADDRESS
6200 COURTNEY CAMPBELL CAUSEWAY #900
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
PD
CHELLGREN, PAUL
STREET ADDRESS
6200 COURTNEY CAMPBELL CAUSEWAY #900
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
D
SILBIGER, THOMAS
STREET ADDRESS
430 PARK AVE.
CITY-ST-ZIP
NEW YORK NY

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

ILKKA A TERAS/TREASURER 2/26/96

Date

Daytime Phone #

CR2E034 (12/95)