

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998

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



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6000 CONNECTION DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 6000 CONNECTION DRIVE Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/14/1987	4. FEI Number 59-2763656
22 City & State 23 IRVING, TX 24 75039	27 City & State 28 IRVING, TX 29 75039	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	30 Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	CD ALA-PIETILA, PEKKA METSANNEIDONKUJA8.PL47 FIN-02131 ES	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6000 CONNECTION DRIVE IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSKA, KARI-PEKKA 2300 VALLEY VIEW LANE, SUITE 100 IRVING TX	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D 6000 CONNECTION DRIVE IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORMAN, GENE 6200 COURTNEY CAMPBELL CAUSEWAY #900 TAMPA FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T/S MATTHEW SYMCOX 6000 CONNECTION DRIVE IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERAS, ILKKA 6200 COURTNEY CAMPBELL CAUSEWAY #900 TAMPA FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6000 CONNECTION DRIVE IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHELLGREN, PAUL 6200 COURTNEY CAMPBELL CAUSEWAY #900 TAMPA FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6000 CONNECTION DRIVE IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILBINGER, THOMAS 430 PARK AVE. NEW YORK NY	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V TUOMO ALAMAKI 6000 CONNECTION DRIVE IRVING, TX 75039

14. I 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: \_\_\_\_\_ 4/24/98 (972) 894-5000

CR2E034 (10/97)