

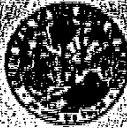
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

1995 MAR 14 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P33420 (1)

1. Corporation Name
NOKIA, INC.

Principal Place of Business
2300 TALL PINES DR., SUITE 120
LARGO FL 34641

Mailing Address
2300 TALL PINES DR., SUITE 120
LARGO FL 34641

500001430715
-03/15/95--01096--003
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/01/1991**
3a. Date of Last Report: **03/11/1994**

4. FEI Number: **58-1248993**
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

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.
5770 ROOSEVELT BLVD., SUITE 603
CLEARWATER FL 34620

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 **FL**

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 consisting of _____) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	C
NAME	RANTANEN, PAAVO
STREET ADDRESS	ETELAESPLANADI 12 00130
CITY-ST-ZIP	HELSINKI PL 226 FIN.
TITLE	VI
NAME	TERAS, ILKKA A.
STREET ADDRESS	2300 TALL PINES DR.#120
CITY-ST-ZIP	LARGO FL
TITLE	S
NAME	AYSIN ZAMBORINI
STREET ADDRESS	2300 TALL PINES DR.#120
CITY-ST-ZIP	LARGO FL 34641
TITLE	P
NAME	KART-PEKKA, WILSKA,
STREET ADDRESS	2300 VALLEY VIEW LANE #100
CITY-ST-ZIP	IRVING TX 75062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CONNIE P HELLIPS
3.3 STREET ADDRESS	2300 TALL PINES DR. #120
3.4 CITY-ST-ZIP	LARGO, FL 34641
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP H/R AMERICAS
5.3 STREET ADDRESS	RICHARD GANKEMI
5.4 CITY-ST-ZIP	2300 VALLEY VIEW LANE #100
	IRVING, TX 75062
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP H/R ADMINISTRATION
6.3 STREET ADDRESS	ANNE-BERIT NORDLING
6.4 CITY-ST-ZIP	12717 WATERMAN DR.
	RALEIGH, NC 27614

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 110.07(3)(b), 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, changed, or on an attachment with an address.

SIGNATURE: Ilkka Teras **ILKKA TERAS** 3/7/95 813-536-5553
(Name) (Address/Phone #)