

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

**FILED**

**May 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P33420 (1)**

1. Corporation Name  
**NOKIA, INC.**



Principal Place of Business: **2300 VALLEY VIEW LANE SUITE 100 IRVING TX 75062**

Mailing Address: **2300 VALLEY VIEW LANE SUITE 100 IRVING TX 75062-1722**

2. Principal Place of Business (21-25)  
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **04/01/1991**

3a. Date of Last Report: **09/16/1996**

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

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

9. Name and Address of Current Registered Agent

~~HERTZBERG, TODD P.  
6200 GOURTNEY CAMPBELL CSWY, SUITE 900  
TAMPA FL 33630~~

*= OK. as is*

10. Name and Address of New Registered Agent

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

TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RANTANEN, PAAVO</b>
STREET ADDRESS	<b>ETELAESPLANADI 12 00130</b>
CITY- ST- ZIP	<b>HELSINKI PL 226 FIN.</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KARI-PEKKA, WILSKA</b>
STREET ADDRESS	<b>2300 VALLEY VIEW LANE, #100</b>
CITY- ST- ZIP	<b>IRVING TX 75062</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MATTHEWS, SYMCOX</b>
STREET ADDRESS	<b>5650 ALLIANCE GATEWAY</b>
CITY- ST- ZIP	<b>FORT WORTH TX 76178</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HARRELL, SUSAN</b>
STREET ADDRESS	<b>2300 VALLEY VIEW LANE #100</b>
CITY- ST- ZIP	<b>IRVING TX 75062</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>GANGEMI, RICHARD</b>
STREET ADDRESS	<b>2300 VALLEY VIEW LANE #100</b>
CITY- ST- ZIP	<b>IRVING TX 75062</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NORDLING, ANN-BERIT</b>
STREET ADDRESS	<b>12717 WATERMAN DR.</b>
CITY- ST- ZIP	<b>RALEIGH NC 27614</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Maija Torkko</b>
1.3 STREET ADDRESS	<b>2300 Valley View Lane, Suite 100</b>
1.4 CITY- ST- ZIP	<b>Irving, TX 75062</b>
2.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Olli-Pekka Kallasvuo</b>
2.3 STREET ADDRESS	<b>2300 Valley View Lane, Suite 100</b>
2.4 CITY- ST- ZIP	<b>Irving, TX 75062</b>
3.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Tuomo Alamaki</b>
3.3 STREET ADDRESS	<b>2300 Valley View Lane, Suite 100</b>
3.4 CITY- ST- ZIP	<b>Irving, TX 75062</b>
4.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Joe W. Pitts, III</b>
4.3 STREET ADDRESS	<b>2300 Valley View Lane, Suite 100</b>
4.4 CITY- ST- ZIP	<b>Irving, TX 75062</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>VP Tuomo Alamaki</b>
6.3 STREET ADDRESS	<b>2300 Valley View Lane, Suite 100</b>
6.4 CITY- ST- ZIP	<b>Irving, TX 75062</b>

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: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone # **972-257-9576**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)