



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporation No. 116352		2. Name of Corporation Northern Telecom International Inc.			
3. Street Address Principal Business Office 2221 Lakeside Blvd.			City Richardson	State TX	Zip 75082
4. Business Phone No. 919-992-5000		5. State of Incorporation DE			
6. Brief Description of the Character of Business Conducted in Rhode Island Providing services to affiliates					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kimberly P. Poe			Vice President Name Clare A. Barbieri		
Street Address 2370 Performance Drive			Street Address 4001 E. Chapel Hill Nelson Hwy		
City Richardson	State TX	Zip 75082	City RTP	State NC	Zip 27709
Secretary Name Lynn C. Egan			Treasurer Name		
Street Address 220 Athens Way			Street Address		
City Nashville	State TN	Zip 37228	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kimberly P. Poe			Director Name Karen E. Sledge		
Street Address 2370 Performance Drive			Street Address 2221 Lakeside Blvd		
City Richardson	State TX	Zip 75082	City Richardson	State TX	Zip 75082
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	N/A	100	Common	N/A

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date: **FEB 25 2008**

Check No.:

By: **DS 20382**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: **Clare A. Barbieri** Date: **2/24/2008**

Print or Type Name: **Clare A. Barbieri**

Title: **VP - TAX**