



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 02904-2611
401.222.3044

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. Corporate ID No. <u>116352</u>		2. Name of Corporation <u>Northern Telecom International Inc.</u>	
3. Street Address Principal Business Office <u>4001 E. Chapel Hill Nelson Hwy</u>		City <u>Research Triangle Park</u>	State <u>NC</u>
4. Business Phone No. <u>800-466-7838</u>		5. State of Incorporation <u>DE</u>	

6. Brief Description of the Character of Business Conducted in Rhode Island
Service company providing services to affiliates

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Timothy C. Ross</u>			Vice President Name <u>Allen K. Stout</u>		
Street Address <u>4001 E. Chapel Hill Nelson Hwy</u>			Street Address <u>725 Cool Springs Blvd. Ste 400</u>		
City <u>Research Triangle Park</u>	State <u>NC</u>	Zip <u>27709</u>	City <u>Franklin</u>	State <u>TN</u>	Zip <u>37067</u>
Secretary Name <u>Timothy C. Ross</u>			Treasurer Name <u>John Ray</u>		
Street Address <u>4001 E. Chapel Hill Nelson Hwy</u>			Street Address <u>5945 Airport Road, Ste 360</u>		
City <u>Research Triangle Park</u>	State <u>NC</u>	Zip <u>27709</u>	City <u>Mississauga</u>	State <u>Ontario</u>	Zip <u>L4V 1R9</u>

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>Timothy C. Ross</u>			Director Name		
Street Address <u>4001 E. Chapel Hill Nelson Hwy</u>			Street Address		
City <u>Research Triangle Park</u>	State <u>NC</u>	Zip <u>27709</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

Common 1,000

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>None</u>

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 06 2012
Check No. 58850639
By: _____
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 [Signature] Date 1-19-12
Print or Type Name Timothy C. Ross
Title Secretary