

Form No. 630

Revised: 01/2012

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FA	AILURE TO FILE T	HIS REPORT BY N	IARCH 31 WILL RES	ULT IN A \$25.00 PEN	ALTY FEE.
1. Entity ID No. 2. Exact name of the Corporation					
116 352	Norther	n Telecom.	International.	Trc.	
3. Principal office address		,	City	State	Zip
4001 E. Chapel Hi	11 Nelson Ho	y	Research Trian	de Park NC	27709
116 352 Northern Telecom ?  3. Principal office address 401 E. Chapel Hill Nelson Hoy  4. Business Phone No.					
919 - 905 - 2721  6. Brief description of the character of business conducted in Rhode Island			DE		
6. Brief description of the chara	acter of business con-	ducted in Rhode Islani	đ		
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7/ <sup>LI</sup> ST <u>/ALL</u> OFFICERS (NAMES/AND/ADDRESSES) (*X**BOXFORA) President Name			Vice-President Name		
			Allen K. Stout		
Street Address			Street Address		
			City State Zip  Locarch Triangle Par NC 27709  Treasurer Name Principal Officer		
City	State	Zip	City	Q a State	Zip
Secretary Name			Transmen Name	oxidal place	01101
Timethy A Roce			John Ray		
Timothy C. Ross Street Address			Street Address		
Street Address ' 400 E. Chapel Hill Nelson Hoy City Lesach Triangle Park NC 27109			City Regard Transferar NC 2109		
City	State	Zip	City	State	Zip
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8. LIST ALL DIRECTORS IN Director Name	MES AND ADDRES	SES) ("X"LBOX FOR	ATACHMENT) LEAS		
Linally A	nCC		Director Name		
Timothy C. La Street Address	ردر		Street Address		***
Street Address 4001 E. Chapel Gity Lescarch Triangle Par	Hill Nelson	Hoy			
Sity	State	Zip /	City	State	Zip
Lesearch Triargle Par	<u>k</u> NC	27109			
Director Name			Director Name		
Street Address			Street Address		
			o.iioorr.uuriouo		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED		rings h.	A STATE OF THE PARTY OF THE PAR	(EXPEOX FOR ATTAC)	Contract to the second
This information is currently a	of record in the Offic	e of the Secretary	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.		100	Common	NONE	
See Section 9 of instruction s	heet.				
This report must be executed of	on hehalf of the corno	eration by an authorize	od representative. If the c	arnoration is in the hands	of a receiver or truston
This report must be excepted t			the corporation by the re		o or a receiver or trustee,
					m that I have examined
。 第12章 (10)			this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
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		LIFER		2 1/4	41313
		0.4.00:-	Signature of Authoriz		Secretary
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form No. C20	The second secon		Print or Type Name	of Authorized Representa	itive J

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