

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:37

DOCUMENT # **845059** (5)
1. Corporation Name:
MITEL, INC.

Principal Place of Business: **15000 COMMERCE PARKWAY
MT. LAUREL NJ 08054**
Mailing Address: **15000 COMMERCE PARKWAY
MT. LAUREL NJ 08054**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/25/1980**
3a. Date of Last Report: **03/09/1994**

2. Principal Place of Business:
21. **205 VAN BUREN ST.**
22. **SUITE 400**
23. **HERNDON, VA.**
24. **22070** 25. **USA**
2a. Mailing Address:
26. **205 VAN BUREN ST.**
27. **SUITE 400**
28. **HERNDON, VA.**
29. **22070** 30. **USA**

4. FCI Number: **59-1855641**
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:
**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., SUITE 105
TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent:
B1. Name:
B2. Street Address (P.O. Box Number is Not Acceptable):
B3. City:
B4. State: **FL** B5. 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. Each 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: SPIERKEL, GREGORY STREET ADDRESS: 11921 FREEDOM DR., STE. 500 CITY, ST, ZIP: RESTON VA 22090	11 TITLE: PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME: SPIERKEL, GREGORY
TITLE: V	NAME: THOMAS, JOHN C STREET ADDRESS: 11921 FREEDOM DR. STE 500 CITY, ST, ZIP: RESTON VA 22090	13 STREET ADDRESS: 205 VAN BUREN ST., SUITE 400	14 CITY, ST, ZIP: HERNDON, VA. 22070
TITLE: T	NAME: CARRIER, JEAN-JACQUES STREET ADDRESS: 350 LEGGETT DRIVE CITY, ST, ZIP: KANATA, ONTARIO CANADA K2K -1X3	21 TITLE: VICE-PRESIDENT-SALES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME: THOMAS, JOHN C.
TITLE: S	NAME: SILBERHORN, EDWARD STREET ADDRESS: 11921 FREEDOM DR., STE. 500 CITY, ST, ZIP: RESTON VA 22090	23 STREET ADDRESS: 205 VAN BUREN ST. SUITE 400	24 CITY, ST, ZIP:
TITLE: CEO	NAME: MILLARD, JOHN STREET ADDRESS: 350 LEGGETT DRIVE CITY, ST, ZIP: KANATA, ONTARIO CANADA K2K -1X3	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME:
TITLE: V	NAME: THOMAS, JOHN C. STREET ADDRESS: 11921 FREEDOM DR., STE. 500 CITY, ST, ZIP: RESTON VA 22090	33 STREET ADDRESS:	34 CITY, ST, ZIP:
		41 TITLE: SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME: SILBERHORN, EDWARD
		43 STREET ADDRESS: 205 VAN BUREN ST. SUITE 400	44 CITY, ST, ZIP:
		51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME:
		53 STREET ADDRESS:	54 CITY, ST, ZIP:
		61 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME: DELETE- LISTED ABOVE
		63 STREET ADDRESS:	64 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is valid, duly furnished and correct and qualify for the description stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my appointment shall have the same legal effect as if made under oath. 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, hereon, or on an attachment with an address.

SIGNATURE:
EDWARD J. SILBERHORN, SECRETARY
209 Jan 94
703-318-7020