


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-03-2004 91222 031 ***150.00
845059

DOCUMENT # 845059
1. Entity Name
MITEL NETWORKS, INC.



FILED
04 MAY 27 AM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
24066020

Principal Place of Business Mailing Address
205 VAN BUREN ST. SUITE 400 HERNDON VA 20170-5336 US
205 VAN BUREN ST SUITE 400 HERNDON VA 20170-5336 US



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **59-1855641** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., SUITE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	S	<input type="checkbox"/> Delete
NAME	SILBERHORN, EDWARD	
STREET ADDRESS	205 VAN BUREN ST- SUITE 400	
CITY-ST-ZIP	HERNDON VA 20170-5336	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CUESTA, GEORGE	
STREET ADDRESS	2650 BIXHOF DRIVE	
CITY-ST-ZIP	SAN RAMON CA 94583	
TITLE	P	<input type="checkbox"/> Delete
NAME	BUTCHER, PAUL	
STREET ADDRESS	350 LEGGET DRIVE	
CITY-ST-ZIP	KANATA ONT, CANADA k3k- 2w7	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRASSIE, STEVE	
STREET ADDRESS	350 LEGGET DRIVE	
CITY-ST-ZIP	KANATA ONT, CANADA k3k- 2w7	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCINTYRE, SHARON	
STREET ADDRESS	350 LEGGET DRIVE	
CITY-ST-ZIP	KANATA ONT, CANADA k3k- 2w7	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas McCarthy	
STREET ADDRESS	350 Legget Drive	
CITY-ST-ZIP	Kanata, Ontario, Canada K2K 2W7	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN NA	
STREET ADDRESS	205 VAN BUREN ST SUITE 400	
CITY-ST-ZIP	HERNDON VA 20170-5336	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **CHRISTIAN NA** Date: **4/28/04** Daytime Phone # 