

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **845059** (5)

1. Corporation Name
MITEL, INC.



Principal Place of Business: **205 VAN BUREN ST. SUITE 400 HERNDON VA 22070 US**
Mailing Address: **205 VAN BUREN ST SUITE 400 HERNDON VA 22070 US**

3. Date Incorporated or Qualified: **01/25/1980**
3a. Date of Last Report: **02/14/1995**
4. FEI 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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

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
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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. Such 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> DELETE
NAME: SPIERKEL, GREGORY	
STREET ADDRESS: 205 VAN BUREN ST. SUITE 400	
CITY-ST-ZIP: HERNDON VA	
TITLE: V	<input type="checkbox"/> DELETE
NAME: THOMAS, JOHN C	
STREET ADDRESS: 205 VAN BUREN ST. SUITE 400	
CITY-ST-ZIP: HERNDON VA	
TITLE: T	<input type="checkbox"/> DELETE
NAME: CARRIER, JEAN-JACQUES	
STREET ADDRESS: 350 LEGGETT DRIVE	
CITY-ST-ZIP: KANATA, ONTARIO CANADA K2K -1X3	
TITLE: S	<input type="checkbox"/> DELETE
NAME: SILBERHORN, EDWARD	
STREET ADDRESS: 205 VAN BUREN ST- SUITE 400	
CITY-ST-ZIP: HERNDON VA	
TITLE: PCEO	<input type="checkbox"/> DELETE
NAME: MILLARD, JOHN	
STREET ADDRESS: 350 LEGGETT DRIVE	
CITY-ST-ZIP: KANATA, ONTARIO CANADA K2K -1X3	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Corp. Sec.** **15 Feb '96** **(703) 318-7020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #

CR2E034 (12/95)