

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 845059 (5)**

1. Corporation Name  
**MITEL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>205 VAN BUREN ST.                  SUITE 400                  HERNDON VA 20170-336                  US</b>	Mailing Address <b>205 VAN BUREN ST                  SUITE 400                  HERNDON VA 22070                  US</b>
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3. Date Incorporated or Qualified <b>01/25/1980</b>	
4. FEI Number <b>59-1855641</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. <b>20170-5836</b> 25.	29. <b>20170-5336</b> 30.

9. Name and Address of Current Registered Agent <b>PRENTICE-HALL CORPORATION SYSTEM, INC.                  1201 HAYS ST., SUITE 105                  TALLAHASSEE FL 32301</b>	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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and Florida applicable (NOT Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIERKEL, GREGORY</b>	1.2 NAME	<b>KIRK MANDY</b>
STREET ADDRESS	<b>205 VAN BUREN ST. SUITE 400</b>	1.3 STREET ADDRESS	<b>350 Legget Drive</b>
CITY-ST-ZIP	<b>HERNDON VA</b>	1.4 CITY-ST-ZIP	<b>KANATA ON K2K1X3</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, JOHN C</b>	2.2 NAME	
STREET ADDRESS	<b>205 VAN BUREN ST. SUITE 400</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HERNDON VA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARRIER, JEAN-JACQUES</b>	3.2 NAME	
STREET ADDRESS	<b>350 LEGGETT DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KANATA, ONTARIO CANADA K2K-1X3</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILBERHORN, EDWARD</b>	4.2 NAME	
STREET ADDRESS	<b>205 VAN BUREN ST. SUITE 400</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HERNDON VA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PCEO</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLARD, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>350 LEGGETT DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KANATA, ONTARIO CANADA K2K-1X3</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)