

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90073 014 ***150.00

DOCUMENT # 845059

1. Entity Name

MITEL, INC.

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 20170-5344
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1855641

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST., SUITE 105
 TALLAHASSEE FL 32301

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P**
 STREET ADDRESS **KIRK, MANDY**
 CITY-ST-ZIP **350 LEGGET DR**
KANATA ON K2K1X

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
 STREET ADDRESS **THOMAS, JOHN C**
 CITY-ST-ZIP **205 VAN BUREN ST. SUITE 400**
HERNDON VA 20170

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **20170-5336**

TITLE Delete
 NAME **T**
 STREET ADDRESS **CARRIER, JEAN-JACQUES**
 CITY-ST-ZIP **350 LEGGETT DRIVE**
KANATA, ONTARIO CANADA K2K -1X3

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 STREET ADDRESS **SILBERHORN, EDWARD**
 CITY-ST-ZIP **205 VAN BUREN ST- SUITE 400**
HERNDON VA 20170

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **20170-5336**

TITLE Delete
 NAME **V**
 STREET ADDRESS **CARRUTHERS, CARL**
 CITY-ST-ZIP **350 LEGGETT DRIVE**
KANATA, ONTARIO CANADA K2K -1X3

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD SILBERHORN

Date

15 Feb. 00 (703) 736-3147

Daytime Phone #

CR2E034 (9/99)