

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000402

FILED  
Feb 10, 2011  
Secretary of State

**Entity Name:** MITEL BUSINESS SYSTEMS, INC.

**Current Principal Place of Business:**

7300 W BOSTON  
CHANDLER, AZ 85226 US

**New Principal Place of Business:**

**Current Mailing Address:**

350 LEGGET DRIVE  
KANATA, ON K2K 2W7 CA

**New Mailing Address:**

**FEI Number:** 91-2016177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: BUTCHER, PAUL A  
Address: 350 LEGGET DRIVE  
City-St-Zip: KANATA, ON K2K 2W7 CA

Title: DIR  
Name: SPOONER, STEVEN E  
Address: 350 LEGGET DRIVE  
City-St-Zip: KANATA, ON K2K 2W7

Title: TREA  
Name: SHERMAN, SUSAN K  
Address: 1016 W GENEVA DRIVE  
City-St-Zip: TEMPE, AZ 85282

Title: SEC  
Name: HISCOCK, GREGORY J  
Address: 350 LEGGET DRIVE  
City-St-Zip: KANATA, ON K2K 2W7

Title: PRES  
Name: BUTCHER, PAUL A  
Address: 350 LEGGET DRIVE  
City-St-Zip: OTTAWA, ON K2K 2W7 CA

Title: DIR  
Name: HISCOCK, GREGORY J  
Address: 350 LEGGET DRIVE  
City-St-Zip: KANATA, ON K2K 2W7 CA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY J. HISCOCK

SEC

02/10/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date