

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000402

Entity Name: MITEL BUSINESS SYSTEMS, INC.

Current Principal Place of Business:

1146 NORTH ALMA SCHOOL ROAD
MESA, AZ 85201

Current Mailing Address:

350 LEGGET DRIVE
KANATA, ON K2K 2W7 CA

FEI Number: 91-2016177

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title DIRECTOR
Name VITALONE, PAUL
Address 600-5850 GRANITE PARKWAY
City-State-Zip: PLANO TX 75024

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

Title TREASURER
Name CIARAMITARO, PAUL
Address 1146 NORTH ALMA SCHOOL ROAD
City-State-Zip: MESA AZ 85201

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

Title PRESIDENT
Name VITALONE, PAUL
Address 600-5850 GRANITE PARKWAY
City-State-Zip: PLANO TX 75024

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

Title ASSISTANT TREASURER
Name WALKER, MARGARET
Address 1146 NORTH ALMA SCHOOL ROAD
City-State-Zip: MESA AZ 85201

Title ASSISTANT SECRETARY
Name WHITTINGTON, MICHELLE
Address 1146 NORTH ALMA SCHOOL ROAD
City-State-Zip: MESA AZ 85201

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

SECRETARY

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date