

**2022 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:**

1146 NORTH ALMA SCHOOL ROAD  
MESA, AZ 85201 US

**FEI Number:** 91-2016177

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 BEVINGTON, GRAHAM  
Address 5360 LEGACY DRIVE, SUITE 300  
City-State-Zip: PLANO TX 75024

Title PRESIDENT  
Name BEVINGTON, GRAHAM  
Address 5360 LEGACY DRIVE, SUITE 300  
City-State-Zip: PLANO TX 75024

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

Title SECRETARY  
Name HISCOCK, GREGORY JAMES  
Address 4000 INNOVATION DRIVE  
City-State-Zip: KANATA ONTARIO K2K 3K1

Title DIRECTOR  
Name HISCOCK, GREGORY JAMES  
Address 4000 INNOVATION DRIVE  
City-State-Zip: KANATA ONTARIO K2K 3K1

Title VP  
Name MCANUFF, COLIN  
Address 4000 INNOVATION DRIVE  
City-State-Zip: KANATA ONTARIO K2K 3K1

Title DIRECTOR  
Name CIARAMITARO, PAUL  
Address 7612 E. WOLF CANYON  
City-State-Zip: MESA AZ 85207

*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:** HISCOCK, GREGORY JAMES

**SECRETARY**

**05/05/2022**

Electronic Signature of Signing Officer/Director Detail

Date