## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33309

Entity Name: MITEL NETSOLUTIONS, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4310 E. CUTTON CENTER BLVD. SUITE A100 PHOENIX, AZ 850408852 US				7300 W BOSTON CHANDLER, AZ 85226 US			
Current Mailing Address:				New Mailing Address:			
1615 S 52N TEMPE, AZ				7300 W BC CHANDLE	OSTON R, AZ 85226	US	
FEI Number:	76-0311713	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate of	Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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.							
SIGNATUR	!E:						
	Electronic	Signature of Registered Ager	nt			Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BRINTON, JON 4310 E COTTON	Delete CENTER BLVD, A100 50408852		Title: Name: Address: City-St-Zip:	PRES (X) BRINTON, JON 7300 W BOSTO CHANDLER, AZ	N	dition
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	TREA () HULL, BRIAN K 1016 W GENEV TEMPE, AZ 85	/A DRIVE	dition
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	DIR () SPOONER, STE 350 LEGGET D KANATA, ON K	RIVE	dition
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	SEC () HISCOCK, GRE 350 LEGGET D KANATA, ON K	RIVE	dition
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	DIR () HISCOCK, GRE 350 LEGGET D KANATA, ON K	RIVE	dition
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	DIR () BRINTON, JON 7300 W BOSTO CHANDLER, AZ		dition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREGORY J. HISCOCK SEC 04/29/2009