

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33309

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** MITEL NETSOLUTIONS, 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:** 76-0311713

**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: PRES  
Name: BRINTON, JON  
Address: 7300 W BOSTON  
City-St-Zip: CHANDLER, AZ 85226

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

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

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

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

Title: DIR  
Name: BRINTON, JON  
Address: 7300 W BOSTON  
City-St-Zip: CHANDLER, AZ 85226 US

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

04/20/2011

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

\_\_\_\_\_  
Date