

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90106 007 ***150.00

DOCUMENT # P34928

1. Corporation Name
MITEL TELECOMMUNICATIONS SYSTEMS, INC.

Principal Place of Business
ATTN: U.S. TAX DEPARTMENT
205 VAN BUREN STREET, SUITE 400
HERNDON VA 20170-5336
US

Mailing Address
ATTN: U.S. TAX DEPARTMENT
205 VAN BUREN STREET, SUITE 400
HERNDON VA 20170-336
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1991

4. FEI Number

22-3115063

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees.

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME MANDY, KIRK
STREET ADDRESS 350 LEGGETT DR
CITY-ST-ZIP KANATA ONTARIO CA K2K 1

TITLE T ☐ DELETE
NAME LANDRY, DANA E
STREET ADDRESS 205 VAN BUREN ST. SUITE 400
CITY-ST-ZIP HERNDON VA

TITLE ACS ☐ DELETE
NAME SILBERHORN, EDWARD J.
STREET ADDRESS 205 VAN BUREN ST-SUITE 400
CITY-ST-ZIP HERNDON VA

TITLE VP ☒ DELETE
NAME OHSCHLAGER, E J
STREET ADDRESS 205 VAN BUREN STREET, SUITE 400
CITY-ST-ZIP HERNDON VA

TITLE VP ☒ DELETE
NAME OHSCHLAGER, ED
STREET ADDRESS 205 VAN BUREN ST STE 400
CITY-ST-ZIP HERNDON VA 20170-5336

TITLE SC ☐ DELETE
NAME WIELER, THEODORE P
STREET ADDRESS 205 VAN BUREN STREET, SUITE 400
CITY-ST-ZIP HERNDON VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME V.P.
4.3 STREET ADDRESS BROWN, RAY
4.4 CITY-ST-ZIP 205 Van Buren St., Suite 400
Herndon, Va 20170-5336

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME VP
5.3 STREET ADDRESS Brown, Ray
5.4 CITY-ST-ZIP 205 Van Buren St. Ste 400
Herndon, Va 20170-5336

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(703) 736-3147
Daytime Phone #

CR2E034 (11/98)