

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34928

1. Entity Name

MITEL COMMUNICATIONS SOLUTIONS, INC.

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90091 027 \*\*\*150.00

818174



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

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205 VAN BUREN STREET, SUITE 400  
HERNDON VA 20170-5336  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3115063

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE T  
NAME DAVID Suter  
STREET ADDRESS 205 Van Buren St. Ste 400  
CITY-ST-ZIP HERNDON, VA 20170-5336

☒ Change ☐ Addition

TITLE ACS  
NAME SILBERHORN, EDWARD J.  
STREET ADDRESS 205 VAN BUREN ST. SUITE 400  
CITY-ST-ZIP HERNDON VA 20170-5336

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME BROWN, RAY  
STREET ADDRESS 205 VAN BUREN STREET, SUITE 400  
CITY-ST-ZIP HERNDON VA 20170-5336

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SC  
NAME WIELER, THEODORE P  
STREET ADDRESS 205 VAN BUREN STREET, SUITE 400  
CITY-ST-ZIP HERNDON VA 20170-5336

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Theodore P. WIELER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
THEODORE P. WIELER

Date

(703) 736-3147  
Daytime Phone #

CR2E034 (9/99)