

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P34928**

1. Entity Name

MITEL COMMUNICATIONS SOLUTIONS, INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90022 027 ***150.00

909174

DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 22-3115063	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent7. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees11. OFFICERS AND DIRECTORS12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MANDY, KIRK	
STREET ADDRESS	350 LEGGETT DR	
CITY-ST-ZIP	KANATA ONTARIO CA K2K 1	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUTER, DAVID	
STREET ADDRESS	205 VAN BUREN ST. SUITE 400	
CITY-ST-ZIP	HERNDON VA	
TITLE	ACS	<input type="checkbox"/> Delete
NAME	SILBERHORN, EDWARD J.	
STREET ADDRESS	205 VAN BUREN ST-SUITE 400	
CITY-ST-ZIP	HERNDON VA 20170-5336	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, RAY	
STREET ADDRESS	205 VAN BUREN STREET, SUITE 400	
CITY-ST-ZIP	HERNDON VA 20170-5336	
TITLE	SC	<input type="checkbox"/> Delete
NAME	WIELER, THEODORE P	
STREET ADDRESS	205 VAN BUREN STREET, SUITE 400	
CITY-ST-ZIP	HERNDON VA 20170-5336	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL CARRUTHERS	
STREET ADDRESS	350 LEGGETT DRIVE	
CITY-ST-ZIP	KANATA, ONT CA K2K 2W7	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD SILBERHORN

Date

01-10-01

Daytime Phone #

(703) 936-3147

CR2E034 (10/00)