

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90263 034 ***150.00

0620859 AT

DOCUMENT # P34928

1. Entity Name

MITEL NETWORKS SOLUTIONS, 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3115063**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☒ Delete
NAME **SUTER, DAVID**
STREET ADDRESS **205 VAN BUREN ST. SUITE 400**
CITY-ST-ZIP **HERNDON VA**

TITLE **T** ☐ Change ☒ Addition
NAME **SHARRON MCINTYRE**
STREET ADDRESS **350 LEGGET DR.**
CITY-ST-ZIP **KANATA ONT CANADA K2K 2W7**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **MCKINNEY, BRIAN**
STREET ADDRESS **160 ELGIN STREET STE 2600**
CITY-ST-ZIP **ONTARIO CANADA CA K1P- 1C3**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **CARL, CARRUTHERS**
STREET ADDRESS **350 LEGGET DRIVE**
CITY-ST-ZIP **ONTARIO CANADA CA K2K2- 2W7**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **PAUL BUTCHER**
STREET ADDRESS **350 LEGGET DRIVE**
CITY-ST-ZIP **KANATA ONT CANADA K2K 2W7**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **CHRISTIAN NA**
STREET ADDRESS **205 VAN BUREN ST. #400**
CITY-ST-ZIP **HERNDON VA 20170-5336**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATE SECRETARY

4/30/03

703-736-3124

CR2E034 (10/02)