FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Jan 18, 2002 8:00 am Secretary of State DOCUMENT # P00329 1. Entity Name BELLSOUTH TELECOMMUNICATIONS, INC. 01-18-2002 90001 050 \*\*\*150 00 Principal Place of Business Mailing Address 675 W PEACHTREE ST., NE 675 W PEACHTREET ST., NE 4506 BELLSOUTH CENTER 4506 BELLSOUTH CENTER ATLANTA GA 30375 ATLANTA GA 30375 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4! FEI Number Applied For 58-0436120 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME ODOM, RODERICK D JR NAME STREET ADDRESS 675 WEST PEACHTREE ST #4515 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30375 CITY-ST-ZIP TITLE ☐ Addition VPS ☐ Delete TITLE Change NAME NAME PEED. MARY JO STREET ADDRESS STREET ADDRESS 675 PEACHTREE ST. NE STE 4514-675 CITY-ST-7IP ATLANTA GA 30375 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change **VPCF** NAME NAME COCHRAN, GUY L STREET ADDRESS 675 PEACHTREE ST. NE STE 4431-675 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30375 TITLE ☐ Delete TITLE Change ☐ Addition NAME YOUNG, JAMES N NAME STREET ADDRESS 1155 PEACHTREE NE STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30375 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF 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

QUIRAssistant Secretary 01/09/02

NAME OF SIGNING OFFICER OR DIRECTOR

404 335-0703

Daytime Phone #