

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000003791

**FILED**  
**Apr 18, 2017**  
**Secretary of State**  
**CC5997228788**

**Entity Name:** BELLSOUTH TELECOMMUNICATIONS, LLC

**Current Principal Place of Business:**

675 W. PEACHTREE ST. NW, SUITE 27-310  
ATLANTA, GA 30308

**Current Mailing Address:**

675 W. PEACHTREE ST. NW, SUITE 27-310  
ATLANTA, GA 30308 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: LEAHY, WILLIAM  
Address: 675 W. PEACHTREE ST. NW, SUITE 27-310  
City-State-Zip: ATLANTA GA 30308

Title: TREASURER  
Name: GOEKE, GEORGE B.  
Address: 675 W. PEACHTREE ST. NW, SUITE 27-310  
City-State-Zip: ATLANTA GA 30308

Title: VP, ASSOCIATE GENERAL COUNSEL, SECRETARY  
Name: KEFFER, MARK A.  
Address: 675 W. PEACHTREE ST. NW, SUITE 27-310  
City-State-Zip: ATLANTA GA 30308

Title: DIRECTOR - TAX  
Name: BLIZZARD, TERESA G.  
Address: 675 W. PEACHTREE ST. NW, SUITE 27-310  
City-State-Zip: ATLANTA GA 30308

Title: PRESIDENT  
Name: LEAHY, WILLIAM  
Address: 675 W. PEACHTREE ST. NW, SUITE 27-310  
City-State-Zip: ATLANTA GA 30308

Title: ASSISTANT VICE PRESIDENT - TAX  
Name: SHASHACK, STEVEN  
Address: 675 W. PEACHTREE ST. NW, SUITE 27-310  
City-State-Zip: ATLANTA GA 30308

Title: DIRECTOR - TAX  
Name: FISHER, LINDA A.  
Address: 675 W. PEACHTREE ST. NW, SUITE 27-310  
City-State-Zip: ATLANTA GA 30308

Title: ASSISTANT VICE PRESIDENT - TAX  
Name: JOHNSON, GARY E.  
Address: 675 W. PEACHTREE ST. NW, SUITE 27-310  
City-State-Zip: ATLANTA GA 30308

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM LEAHY

**MANAGER**

**04/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title            DIRECTOR - TAX  
Name            DIORIO, KAREN  
Address         675 W. PEACHTREE ST. NW, SUITE 27-310  
City-State-Zip: ATLANTA GA 30308