

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000007051

1. Entity Name

BELLSOUTH AFFILIATE SERVICES CORPORATION

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90049 046 \*\*\*150.00

Principal Place of Business

1155 PEACHTREE STREET, SITE 1800  
ATLANTA GA 30309-3610

Mailing Address

1155 PEACHTREE STREET, SITE 1800  
ATLANTA GA 30309-3610

2. Principal Place of Business

1155 Peachtree Street, NE

3. Mailing Address

1155 Peachtree Street, NE

Suite, Apt. #, etc.

Suite 1800

Suite, Apt. #, etc.

Suite 1800

City & State

Atlanta, GA 30309-3610

City & State

Atlanta, Georgia 30309-3610

Zip

Country

USA

Zip

Country

USA

4. FEI Number

58-2425071

Applied For

Not Applicable

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 STREET  
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 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 ☐ Delete  
NAME P  
STREET ADDRESS BUTLER, J J  
CITY-ST-ZIP 250 WILLIAMS STREET, SUITE 6010  
ATLANTA GA 30303

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

TITLE ☐ Delete  
NAME VS  
STREET ADDRESS JOHNSON, FREDERICK W  
CITY-ST-ZIP 675 W. PEACHTREE STREET, SUITE 4300  
ATLANTA GA 30303

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

TITLE ☒ Delete  
NAME T  
STREET ADDRESS WALTON, GARY L  
CITY-ST-ZIP 1155 PEACHTREE STREET, SUITE 1925  
ATLANTA GA 30309-3610

TITLE ☐ Change ☒ Addition  
NAME Treasurer  
STREET ADDRESS Linda S. Harty  
CITY-ST-ZIP 1155 Peachtree Street, NE, Suite 2006  
Atlanta, Georgia 30309-3610

TITLE ☒ Delete  
NAME D  
STREET ADDRESS COWAN, KEITH O  
CITY-ST-ZIP 1155 PEACHTREE STREET, SUITE 2005  
ATLANTA GA 30309-3610

TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS Gary D. Forsee  
CITY-ST-ZIP 1100 Peachtree Street, NE, Suite 400  
Atlanta, Georgia 30309-4599

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DUNN, REBECCA M  
CITY-ST-ZIP 675 W. PEACHTREE STREET, SUITE 4504  
ATLANTA GA 30375

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

TITLE ☐ Delete  
NAME Assistant Secretary  
STREET ADDRESS Joyce C. Irvine  
CITY-ST-ZIP 1155 Peachtree Street, NE, Suite 1800  
Atlanta, Georgia 30309-3610

TITLE ☐ Change ☐ 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:

*Joyce Clower Irvine*

Joyce Clower Irvine, Assistant Secretary 404/249-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/01

Daytime Phone #

CR2E034 (10/00)