

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 02 1997 8:00am  
Secretary of State

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
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| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |         |                                                                                                                                                                                                                                                          | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>DOCUMENT # F93000005571 (5)</b><br>1. Corporation Name<br><b>BELLSOUTH CELLULAR NATIONAL MARKETING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Principal Place of Business<br><b>1100 PEACHTREE ST.<br/>SUITE 910<br/>ATLANTA GA 30309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Mailing Address<br><b>1100 PEACHTREE ST.<br/>SUITE 910<br/>ATLANTA GA 30309</b>          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |                                                                                                                                                                                                                                                          | 3. Date Incorporated or Qualified<br><b>12/08/1993</b><br>3a. Date of Last Report<br><b>05/01/1996</b><br>4. FEI Number<br><b>58-2083646</b><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br/>1201 HAYS STREET<br/>SUITE 105<br/>TALLAHASSEE FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                          | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.                                                                                                                                                                     |  |                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>PD</b><br>STREET ADDRESS <b>HAMM, CHARLES S</b><br>CITY-ST-ZIP <b>1100 PEACHTREE ST., SUITE 1000</b><br><b>ATLANTA GA 30309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                          | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>SEE SCHEDULE ATTACHED</b><br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>V</b><br>STREET ADDRESS <b>HOLCOMB, BENJAMIN F</b><br>CITY-ST-ZIP <b>1100 PEACHTREE ST., SUITE 1000</b><br><b>ATLANTA GA 30309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                          | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>V</b><br>STREET ADDRESS <b>CLAWSON, VINCENT R.</b><br>CITY-ST-ZIP <b>1100 PEACHTREE ST., SUITE 1000</b><br><b>ATLANTA GA 30309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                          | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| TITLE <input checked="" type="checkbox"/> DELETE<br>NAME <b>V</b><br>STREET ADDRESS <b>THORPE, JAMES</b><br>CITY-ST-ZIP <b>1100 PEACHTREE ST., SUITE 1000</b><br><b>ATLANTA GA 30309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                          | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>V</b><br>STREET ADDRESS <b>MALLISTER, ROY P</b><br>CITY-ST-ZIP <b>1100 PEACHTREE ST., SUITE 1000</b><br><b>ATLANTA GA 30309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                          | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>400002131244</b><br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br><b>-04/02/97--01061--013</b><br><b>***1155.00</b>                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>V</b><br>STREET ADDRESS <b>GLASS, JAMES W.</b><br>CITY-ST-ZIP <b>1100 PEACHTREE ST., SUITE 1000</b><br><b>ATLANTA GA 30309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                          | 6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>V/T</b><br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP<br><b>GLASS, JAMES W.</b><br><b>1100 PEACHTREE ST., SUITE 1000</b><br><b>ATLANTA, GA 30309</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. |  |                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| SIGNATURE: <b>James W. Glass</b> REQUIRED <b>James W. Glass</b> 3/26/97 404/244-0034<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |



CR2E034 (9/96)

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**BELLSOUTH CELLULAR NATIONAL MARKETING, INC.  
DIRECTORS AND OFFICERS  
as of March 25, 1997**

**DIRECTORS**

**BUSINESS ADDRESS**

Charles S. Hamm

1100 Peachtree Street  
Suite 1000  
Atlanta, GA 30309-4599

Joaquin R. Carbonell

1100 Peachtree Street  
Suite 1000  
Atlanta, GA 30309-4599

**OFFICERS**

**TITLE**

**BUSINESS ADDRESS**

Charles S. Hamm

President

1100 Peachtree Street  
Suite 1000  
Atlanta, GA 30309-4599

Ed Reynolds

Executive  
Vice President

1100 Peachtree Street  
Suite 1000  
Atlanta, GA 30309-4599

Vincent R. Clawson

Vice President -  
Engineering & Operations

1100 Peachtree Street  
Suite 1000  
Atlanta, GA 30309-4599

G. Dan Smith

Vice President -  
Sales & Marketing

1100 Peachtree Street  
Suite 1000  
Atlanta, GA 30309-4599

Roy P. McAllister

Vice President -  
Corporate Affairs

1100 Peachtree Street  
Suite 1000  
Atlanta, GA 30309-4599

James W. Glass

Vice President -  
Finance and Treasurer

1100 Peachtree Street  
Suite 1000  
Atlanta, GA 30309-4599

Joaquin R. Carbonell

Vice President -  
General Counsel &  
Secretary

1100 Peachtree Street  
Suite 1000  
Atlanta, GA 30309-4599

Odie C. Donald

Vice President

1100 Peachtree Street  
Suite 1000  
Atlanta, GA 30309-4599

Robert J. Frame

Vice President

1100 Peachtree Street  
Suite 1000  
Atlanta, GA 30309-4599

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|                        |                                     |                                                                                    |
|------------------------|-------------------------------------|------------------------------------------------------------------------------------|
| C. W. Shewbridge, III  | Vice President - Taxes              | 1155 Peachtree Street<br>Room 1922<br>Atlanta, GA 30309-3610                       |
| Lynn Alexander         | Assistant Vice<br>President - Taxes | 1155 Peachtree Street<br>Room 16E02<br>Atlanta, GA 30309-3610                      |
| Nancy J. Davis         | Assistant Vice<br>President - Taxes | 1155 Peachtree Street<br>Room 16E02<br>Atlanta, GA 30309-3610                      |
| Leanne N. Harvey       | Assistant Vice<br>President - Taxes | 1155 Peachtree Street<br>Room 16H02<br>Atlanta, GA 30309-3610                      |
| Louis Merritt II       | Assistant Vice<br>President - Taxes | 1155 Peachtree Street<br>Room 16E02<br>Atlanta, GA 30309-3610                      |
| Adele H. Shepherd      | Assistant Vice<br>President - Taxes | 1155 Peachtree Street<br>Room 15K09<br>Atlanta, GA 30309-3610                      |
| Juliana W. Protiva     | Assistant Vice<br>President - Taxes | 1155 Peachtree Street<br>Room 16E02<br>Atlanta, GA 30309-3610                      |
| Lynn A. Wentworth      | Comptroller                         | 500 Northpark Town Center<br>1100 Abernathy Road<br>Suite 300<br>Atlanta, GA 30328 |
| C. Claiborne Barksdale | Assistant Secretary                 | 1100 Peachtree Street<br>Suite 910<br>Atlanta, GA 30309-4599                       |
| David G. Frolio        | Assistant Secretary                 | 1133 21st Street, N.W.<br>Washington, D.C. 20036                                   |
| Michael P. Goggin      | Assistant Secretary                 | 1100 Peachtree Street<br>Suite 910<br>Atlanta, GA 30309-4599                       |
| Kerwin L. Gray         | Assistant Secretary                 | 1100 Peachtree Street<br>Suite 910<br>Atlanta, GA 30309-4599                       |
| Joyce Clower Irvine    | Assistant Secretary                 | 1155 Peachtree Street<br>Suite 1800<br>Atlanta, GA 30309-3610                      |
| Charleste G. McCoy     | Assistant Secretary                 | Perimeter 400 Center<br>1100 Johnson Ferry Road<br>Suite 180<br>Atlanta, GA 30342  |

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Elizabeth A. Mussell

Assistant Secretary

1100 Peachtree Street  
Suite 910  
Atlanta, GA 30309-4599

Anath Qualls

Assistant Treasurer

500 Northpark Town Center  
1100 Abernathy Road  
Suite 300  
Atlanta, GA 30328