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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90058 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001021

1. Corporation Name
BELLSOUTH INFORMATION SYSTEMS, INC. (BIS)



Principal Place of Business 1155 PEACHTREE ST. N.E. SUITE 1800 ATLANTA GA 30309-3610	Mailing Address 1155 PEACHTREE ST. N.E. SUITE 1800 ATLANTA GA 30309-3610
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1682672	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYS STREET STE. 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	S	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CADENHEAD, RANDALL J			1.2 NAME			
STREET ADDRESS	59 EXECUTIVE PARK KDR. S. STE. 430			1.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30309-3610			1.4 CITY-ST-ZIP	See Attachment		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTON, GARY L			2.2 NAME			
STREET ADDRESS	1155 PEACHTREE ST., NE #1928			2.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30309-3610			2.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRVINE, JOYCE C			3.2 NAME			
STREET ADDRESS	1155 PEACHTREE ST. NE STE. 1800			3.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30309			3.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, WILLIAM H			4.2 NAME			
STREET ADDRESS	1957 LAKESIDE PARKWAY, SUITE 510			4.3 STREET ADDRESS			
CITY-ST-ZIP	TUCKER GA 30084			4.4 CITY-ST-ZIP			
TITLE	BM	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROUCH, J R			5.2 NAME			
STREET ADDRESS	1155 PEACHTREE ST, NE, STE 1918			5.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30309			5.4 CITY-ST-ZIP			
TITLE	BM	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAFUMY, FRANCINE M			6.2 NAME			
STREET ADDRESS	32 PERIMETER CENTER EAST			6.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30346			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: Joyce Clower Irvine Joycel Clower Irvine 1/25/99 404-249-4450
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

247771-90058-48
F94000001021

BELLSOUTH INFORMATION SYSTEMS, INC. (BIS)
ATTACHMENT TO ANNUAL REPORTS

Officers:

William H. Williams, President
Suite 510, 1957 Lakeside Parkway
Tucker, Georgia 30084

Randall J. Cadenhead, Secretary
Suite 430, 59 Executive Park Drive South
Atlanta, Georgia 30329

Gary L. Walton, Treasurer
Suite 1928, 1155 Peachtree Street, N.E.
Atlanta, Georgia 30309-3610

Joyce Clower Irvine, Assistant Secretary
Suite 1800, 1155 Peachtree Street, N.E.
Atlanta, Georgia 30309-3610

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BELLSOUTH INFORMATION SYSTEMS, INC. (BIS)
ATTACHMENT TO ANNUAL REPORTS

Directors:

C. Sidney Boren, Chairman
Suite 2004, 1155 Peachtree Street, N.E.
Atlanta, Georgia 30309-3610

William H. Williams, Jr.
Suite 510, 1957 Lakeside Parkway
Tucker, Georgia 30084

W. Patrick Shannon
Suite 1703, 1155 Peachtree Street, N.E.
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Suite 460, 59 Executive Park Drive South
Atlanta, Georgia 30329

Russell S. Akins
Suite 3, 500 Northpark Town Center, 1100 Abernathy Road
Atlanta, Georgia 303028

Francine M. Pafumy
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Atlanta, Georgia 30346

J. R. Crouch
Suite 1918, 1155 Peachtree Street, N.E.
Atlanta, Georgia 30309-3610

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