

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90021 033 \*\*\*150.00

**DOCUMENT # F94000001021**

1. Entity Name

~~BELLSOUTH INFORMATION SYSTEMS, INC. (BIS)~~  
**BELLSOUTH TECHNOLOGY SERVICES, INC.**

Principal Place of Business

Mailing Address

1155 PEACHTREE ST. N.E.  
 SUITE 1800  
 ATLANTA GA 30309-3610

1155 PEACHTREE ST. N.E.  
 SUITE 1800  
 ATLANTA GA 30309-7629

AU13610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-1682672**

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**  
**1201 HAYS STREET**  
**STE. 105**  
**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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
S	CADENHEAD, RANDALL J	59 EXECUTIVE PARK KDR. S. STE. 430	ATLANTA GA 30309-3610	<input checked="" type="checkbox"/>
T	WALTON, GARY L	1155 PEACHTREE ST., NE #1928	ATLANTA GA 30309-3610	<input type="checkbox"/>
AS	IRVINE, JOYCE C	1155 PEACHTREE ST. NE STE. 1800	ATLANTA GA 30309	<input type="checkbox"/>
P	WILLIAMS, WILLIAM H	1957 LAKESIDE PARKWAY, SUITE 510	TUCKER GA 30084	<input type="checkbox"/>
BM	CROUCH, J R	1155 PEACHTREE ST, NE, STE 1918	ATLANTA GA 30309	<input checked="" type="checkbox"/>
BM	PAFUMY, FRANCINE M	32 PERIMETER CENTER EAST	ATLANTA GA 30346	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
See Attachment				<input type="checkbox"/>	<input type="checkbox"/>
See Attachment				<input type="checkbox"/>	<input type="checkbox"/>

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 C. Irvine* **Joyce C. Irvine, Assistant Secretary 1/21/00 404/249-4450**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)