

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90002 007 \*\*\*150.00

**DOCUMENT # F94000001021**

1. Entity Name  
**BELLSOUTH TECHNOLOGY GROUP, INC.**



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**

**54021222**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**58-1682672**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **DRAMIS, FRANCIS A JR**  
STREET ADDRESS **1155 PEACHTREE ST NE**  
CITY-ST-ZIP **ATLANTA, GA 303093610**

TITLE **T** ☒ Delete  
NAME **HARTY, LINDA S**  
STREET ADDRESS **SUITE 2006 1155 PEACHTREE STREET**  
CITY-ST-ZIP **ATLANTA, GA 303093610**

TITLE **AS** ☐ Delete  
NAME **IRVINE, JOYCE C**  
STREET ADDRESS **1155 PEACHTREE ST. NE STE. 1800**  
CITY-ST-ZIP **ATLANTA, GA 30309**

TITLE **VPS** ☐ Delete  
NAME **JOHNSON, FREDRICK W**  
STREET ADDRESS **675 W. PEACHTREE STREET, NE**  
CITY-ST-ZIP **ATLANTA, GA 30375**

TITLE **P** ☐ Delete  
NAME **HALLACY, DON G**  
STREET ADDRESS **SUITE 1705 1155 PEACHTREE STREET**  
CITY-ST-ZIP **ATLANTA, GA 303093610**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition  
NAME **Lynn Wentworth**  
STREET ADDRESS **1155 Peachtree Street, NE, #2006**  
CITY-ST-ZIP **Atlanta, GA 30309-3610**

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

TITLE **V/S/GC** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joyce Clower Irvine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/04** (404) 249-4450  
Date Daytime Phone #

Joyce Clower Irvine, Assistant Secretary