

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

**FILED**  
**Mar 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F96000003895 (7)**

1. Corporation Name  
**BELLSOUTH LONG DISTANCE, INC.**



Principal Place of Business Mailing Address  
**SUITE 1800, 1155 PEACHTREE ST., N.E. ATLANTA GA 30309-3610**  
**SUITE 1800, 1155 PEACHTREE ST., N.E. ATLANTA GA 30309-3600**

3. Date Incorporated or Qualified **07/25/1996** 3a. Date of Last Report  
 4. FEI Number **58-2224930** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Sub. Act #, etc. 26 Suite, Apt #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Separate types of printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDERSEN, WILLIAM F	1.2 NAME	<b>See Attached</b>
STREET ADDRESS	1155 PEACHTREE ST., N.E.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	HARRALSON, JAMES G	2.2 NAME	
STREET ADDRESS	1155 PEACHTREE ST., N.E.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	WALTON, GARY L	3.2 NAME	
STREET ADDRESS	1155 PEACHTREE ST., N.E.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 included 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: *Joyce Clower Irvine* **Joyce Clower Irvine** 3/4/97 (404) 249-4450  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)

**BELLSOUTH LONG DISTANCE, INC.**

**ATTACHMENT TO ANNUAL REPORTS**

**DIRECTORS**

William F. Reddersen  
Suite B  
32 Perimeter Center  
Atlanta, Ga 30346

**OFFICERS**

William F. Reddersen, President  
Suite B  
32 Perimeter Center  
Atlanta, Ga 30346

James G. Harralson, VP/Secretary  
Suite B  
32 Perimeter Center  
Atlanta, Ga 30346

Gary L. Walton, Treasurer  
1155 Peachtree St., N.E.  
Atlanta, GA 30309-3610

Joyce Clower Irvine, Asst. Secretary  
Suite 1800  
1155 Peachtree St., N.E.  
Atlanta, GA 30309-3610