

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-10-2000 90021 041 ***150.00

DOCUMENT # F96000003895

1. Entity 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 30309-7629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2224930**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 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 Delete
 NAME **PCD REDDERSEN, WILLIAM F**
 STREET ADDRESS **32 PERIMETER CENTER STE B**
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE Change Addition
 NAME
 STREET ADDRESS **See Attachment**
 CITY-ST-ZIP

TITLE Delete
 NAME **VP HARRALSON, JAMES G**
 STREET ADDRESS **1155 PEACHTREE ST., N.E.**
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T WALTON, GARY L**
 STREET ADDRESS **1155 PEACHTREE ST., N.E.**
 CITY-ST-ZIP **ATLANTA GA 30309-3610**

TITLE Change Addition
 NAME
 STREET ADDRESS **See Attachment**
 CITY-ST-ZIP

TITLE Delete
 NAME **AS IRVINE, CLOWER J**
 STREET ADDRESS **1155 PEACHTREE ST NE STE 1800**
 CITY-ST-ZIP **ATLANTA GA 30309-3610**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Joyce C. Irvine, Assistant Secretary 1/21/00 404/249-**

Date

Daytime Phone #

4450