

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90037 019 \*\*\*150.00

0589278 AT

**DOCUMENT # F96000003895**  
 1. Entity Name  
**BELLSOUTH LONG DISTANCE, INC.**

Principal Place of Business <b>SUITE 1800</b> <b>1155 PEACHTREE STREET NE</b> <b>ATLANTA GA 30309-3610</b>	Mailing Address <b>SUITE 1800</b> <b>1155 PEACHTREE STREET NE</b> <b>ATLANTA GA 30309-3610</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>58-2224930</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOBEY, DAVID W JR</b> <b>32 PERIMETER CENTER STE B</b> <b>ATLANTA GA 30346</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HARRIS, ANTHONY R</b> <b>400 PERIMETER CENTER SUITE 400</b> <b>ATLANTA GA 30309-3610</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WALTON, GARY L</b> <b>1155 PEACHTREE ST., N.E.</b> <b>ATLANTA GA 30309-3610</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>IRVINE, CLOWER J</b> <b>1155 PEACHTREE ST NE STE 1800</b> <b>ATLANTA GA 30309-3610</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Rex Adams</b> <b>400 Perimeter Center Terrace</b> <b>Atlanta, GA 30346</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>James L. Pittman</b> <b>Suite 14D03-1155 Peachtree Street</b> <b>Atlanta, GA 30309-3610</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Janet A. Kibler</b> <b>400 Perimeter Center Terrace</b> <b>Atlanta, GA 30346</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Clower Irvine* Assistant  
 Joye Clower Irvine, Secretary 04/01/02 404/249-4450

CFR2E034 (9/01)

*Attachment*  
**BELLSOUTH LONG DISTANCE, INC. # F9600003895**  
**(BUSINESS ADDRESS)**

**DIRECTORS**

**Rex Adams  
400 Perimeter Center Terrace  
North Terraces Building  
Suite 350  
Atlanta, GA 30346**

**OFFICERS**

**Janet A. Kibler, President  
400 Perimeter Center Terrace  
North Terraces Building  
Suite 400  
Atlanta, GA 30346**

**Harris R. Anthony, Vice President, Secretary and General Counsel  
400 Perimeter Center Terrace  
North Terraces Building  
Suite 350  
Atlanta, GA 30346**

**James L. Pittman, Treasurer  
Suite 14D03  
1155 Peachtree Street, N.E.  
Atlanta, GA 30309-3610**

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