

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90127 001 ***600.00

DOCUMENT # F97000003222

1. Entity Name
BELLSOUTH INTERNATIONAL WIRELESS SERVICES, INC.

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



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 58-2329099 | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | | 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 _____ 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) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P REYNOLDS, MICHAEL SUITE 400, 1100 PEACHTREE ST., NE ATLANTA GA 30309-4599 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John F. Cahill 1100 Peachtree Street, NE Atlanta, Georgia 30309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS BROWN, JEFFREY P SUITE 400, 1100 PEACHTREE ST., NE ATLANTA GA 30309-4599 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition J. Alberto Gonzalez-Pita 1100 Peachtree Street, NE Atlanta, GA 30309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCARTHUR, RAWDON W SUITE 400, 1100 PEACHTREE ST., NE ATLANTA GA 30309-4599 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP, CFO & Treasurer Joseph Grenuk 1100 Peachtree Street Atlanta, Georgia 30309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROPER, G K III SUITE 400, 1100 PEACHTREE ST., NE ATLANTA GA 30309-4599 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Gary D. Forsee 1100 Peachtree Street, NE Atlanta, GA 30309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Glenn M. Railey 3353 Peachtree Road Atlanta, GA 30326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Kelly Williams 3353 Peachtree Road Atlanta, GA 30326 |

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 **Joyce Clower Irvine** 2/19/01 404/249-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)