2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 10, 2000 8:00 am Secretary of State DOCUMENT # F9700003920 BELLSOUTH BSE, INC. 02-10-2000 90056 011 ***150.00 Principal Place of Business Mailing Address 1155 PEACHTREE ST NE STE 1800 1155 PEACHTREE ST NE STE 1800 **νοστο**πίοιο^{ς το σ} ATLANTA GA 30309-7629 ATLANTA GA 30309-3610 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 58-2333057 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST TALLAHASSEE FL 32301 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition X Delete TITLE TITLE NAME NAME SCHEYE, ROBERT C STREET ADDRESS STREET ADDRESS 11TH FLOOR, 2727 PACES FERRY RD CITY-ST-ZIP CITY-SY-ZIP ATLANTA GA 30339-4053 ☐ Addition Change TITLE Delete TITLE NAME See Attachment NAME WALTON, GARY L STREET ADDRESS STREET ADDRESS 1155 PEACHTREE ST NE CITY-ST-ZIP CITY-ST-ZIP <u> ATLANTA GA 30309-3610</u> □ Change ☐ Addition ☐ Delete TITLE AS TITLE NAME NAME IRVINE, JOYCE C STREET ADDRESS STREET ADDRESS STE 1800, 1155 PEACHTREE ST., N.E. CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30309 Delete Change ☐ Addition TITLE TITLE TS NAME NAME WALTON, GARY L See Attachment STREET ADDRESS STREET ADDRESS 1155 PEACHTREE ST NE CITY-ST-ZIP CITY-ST-ZIP <u>ATLANTA GA 30309-3610</u> Change ☐ Addition Delete TITLE TITLE AS NAME NAME IRVINE. JOYCE C STREET ADDRESS STREET ADDRESS 1155 PEACHTREE ST NE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30309-3610 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

Toyce C. Irvine, Assistant Secretary 1/21/00 404/249 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 4450

BELLSOUTH BSE, INC.

ATTACHMENT TO ANNUAL REPORTS

DIRECTOR

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