

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

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Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90021 039 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # *F9 8000002356*

1. Corporation Name

BELLSOUTH BILLING, INC.

Principal Place of Business

Mailing Address



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **4/24/98**

21 2. Principal Place of Business
 600 N. 19th St.

26 2a. Mailing Address
 600 N. 19th St.

4. FEI Number **58-2393916** Applied For Not Applicable

22 Suite, Apt. #, etc.
 28B3

27 Suite, Apt. #, etc.
 28B3

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 City & State
 Birmingham, AL

28 City & State
 Birmingham, AL

6. Election Campaign Financing **\$5.00** May Be Added to Fees

24 Zip **35203** 25 Country **USA**

29 Zip **35203** 30 Country **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 The Prentice-Hall Corporation System, Inc.
 1201 Hays Street
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. Fred Hamff, III	1.2 NAME	
STREET ADDRESS	600 N. 19th St. 28B3	1.3 STREET ADDRESS	
CITY-ST-ZIP	Birmingham, AL 35203	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen M. Vinsavich	2.2 NAME	
STREET ADDRESS	675 West Peachtree St., NE, 4300	2.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30375	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Hollett	3.2 NAME	
STREET ADDRESS	600 N. 19th St., Birmingham,	3.3 STREET ADDRESS	Al 35203
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary L. Walton	4.2 NAME	
STREET ADDRESS	1155 Peachtree St., Rm 1925	4.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30309	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan A. McLaughlin	5.2 NAME	
STREET ADDRESS	675 West Peachtree St., NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30375	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William R. McNair	6.2 NAME	
STREET ADDRESS	675 West Peachtree St., NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30375	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Stephen M. Vinsavich* Stephen M. Vinsavich 08/25/1999 (404) 335-0776
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)