
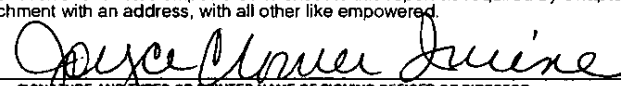


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90086 026 ***150.00

DOCUMENT # F98000002356 1. Entity Name BELLSOUTH BILLING, INC.			
Principal Place of Business 675 WEST PEACHTREE ST., #4300 ATLANTA GA 30375		Mailing Address 1155 PEACHTREE ST NE STE 1800 ATLANTA GA 30309-3610	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 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. I am familiar with, and accept the obligations of registered agent.			
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 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, DONNA A	NAME	
STREET ADDRESS	2180 LAKE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COWAN, KEITH O	NAME	Adams, Rex
STREET ADDRESS	675 W. PEACHTREE STREET NW, #4514	STREET ADDRESS	675 W. Peachtree Street, NW, 45th Floor
CITY-ST-ZIP	ATLANTA GA 30375	CITY-ST-ZIP	Atlanta, GA 30375
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JAMES N	NAME	
STREET ADDRESS	1155 PEACHTREE STREET NE, #1407--	STREET ADDRESS	#14K07
CITY-ST-ZIP	ATLANTA GA 30309	CITY-ST-ZIP	
TITLE	DCFO <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLACY, DON G	NAME	
STREET ADDRESS	1155 PEACHTREE ST., #1705	STREET ADDRESS	#1701
CITY-ST-ZIP	ATLANTA GA 30309	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWSON, GAIL	NAME	James M. Wood, III
STREET ADDRESS	1055 LENOX PARK BLVD, STE 1C61	STREET ADDRESS	675 W. Peachtree Street, NW, #4418
CITY-ST-ZIP	ATLANTA GA 30319	CITY-ST-ZIP	Atlanta, GA 30375
TITLE	VSC <input checked="" type="checkbox"/> Delete	TITLE	VPSGC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEMOINE, ANNAMARIE	NAME	Hubert H. Hogeman
STREET ADDRESS	675 W. PEACHTREE ST NE, STE 4300	STREET ADDRESS	675 W. Peachtree Street, NW, #4300
CITY-ST-ZIP	ATLANTA GA 30375	CITY-ST-ZIP	Atlanta, GA 30375
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 2/17/05 (404) 249-4450	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

798000002356
20015473

BELLSOUTH BILLING, INC.
(Business Address)

Directors

Donna A. Lee
Suite 1240
2180 Lake Boulevard, NE
Atlanta, Georgia 30319-6004

Rex Adams
675 W. Peachtree Street, NW
45th Floor
Atlanta, Georgia 30375

Don G. Hallacy
Suite 1701
1155 Peachtree Street, NE
Atlanta, GA 30309-3610

Officers

James M. Wood, III, President
Suite 4418
675 W. Peachtree Street, NW
Atlanta, Georgia 30375

Hubert H. Hogeman, VP, Secretary and General Counsel
Suite 4300
675 W. Peachtree Street, NW
Atlanta, Georgia 30375

James N. Young, Treasurer
Suite 14K07
1155 Peachtree Street, NE
Atlanta, Georgia 30309-3610

Joyce Clower Irvine, Assistant Secretary
Suite 1800
1155 Peachtree Street, NE
Atlanta, Georgia 30309-3610