


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-23-2005 90086 026 \*\*\*150.00

<b>DOCUMENT # F98000002356</b>					
<b>1. Entity Name</b> BELLSOUTH BILLING, INC.					
<b>Principal Place of Business</b> 675 WEST PEACHTREE ST., #4300 ATLANTA GA 30375			<b>Mailing Address</b> 1155 PEACHTREE ST NE STE 1800 ATLANTA GA 30309-3610		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 58-2393916	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
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		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D LEE, DONNA A 2180 LAKE BLVD. ATLANTA GA 30319	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D COWAN, KEITH O 675 W. PEACHTREE STREET NW, #4514 ATLANTA GA 30375	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D Adams, Rex 675 W. Peachtree Street, NW, 45th Floor Atlanta, GA 30375	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	T YOUNG, JAMES N 1155 PEACHTREE STREET NE, #1407-- ATLANTA GA 30309	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DCFO HALLACY, DON G 1155 PEACHTREE ST., #1705 ATLANTA GA 30309	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	P DAWSON, GAIL 1055 LENOX PARK BLVD, STE 1C61 ATLANTA GA 30319	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	P James M. Wood, III 675 W. Peachtree Street, NW, #4418 Atlanta, GA 30375	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VSC LEMOINE, ANNAMARIE 675 W. PEACHTREE ST NE, STE 4300 ATLANTA GA 30375	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VPSGC Hubert H. Hogeman 675 W. Peachtree Street, NW, #4300 Atlanta, GA 30375	
<b>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.</b>					
<b>SIGNATURE:</b> _____			2/17/05 (404) 249-4450		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

**ATTACHMENT**

5 . F98000002356  
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**  
**45<sup>th</sup> 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**