


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90005 020 ***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 675 W. Peachtree Street, NW Suite, Apt. #, etc. Suite 4418		3. Mailing Address Suite, Apt. #, etc. City & State Atlanta, GA 30375			
City & State Atlanta, GA 30375		City & State Zip Country USA		City & State Zip Country	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D LEE, DONNA A 2180 LAKE BLVD. ATLANTA, GA 30319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William C. Pate 1025 Lenox Park Boulevard, #A624 Atlanta, GA 30319-5309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, REX 675 W PEACHTREE ST NW 45TH FLOOR ATLANTA, GA 30375	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Michael L. Wolf 1155 Peachtree Street, NE, #14K07 Atlanta, GA 30309-3610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, JAMES N 1155 PEACHTREE ST NE #14K07 ATLANTA, GA 30309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Francis A. Dramis, Jr. 4155 Peachtree Street, NE, #2007 Atlanta, GA 30309-3610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO HALLACY, DON G 1155 PEACHTREE ST #1701 ATLANTA, GA 30309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joyce Clower Irvine 1155 Peachtree Street, NE, #1800 Atlanta, GA 30309-3610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, JAMES M III 675 W PEACHTREE ST NW #4418 ATLANTA, GA 30375	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joyce Clower Irvine 1155 Peachtree Street, NE, #1800 Atlanta, GA 30309-3610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSG HOGEMAN, HUBERT H 675 W PEACHTREE ST NW #4300 ATLANTA, GA 30375	<input checked="" type="checkbox"/> Delete	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments.		
SIGNATURE: <i>Joyce Clower Irvine</i>			Date: <i>2/28/06</i> (404) 249-4450		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joyce Clower Irvine, Secretary					

40024181



02282006 Chg-P CR2E034 (11/05)

4. FEI Number
58-2393916

Applied For
Not Applicable

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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LEE, DONNA A
2180 LAKE BLVD.
ATLANTA, GA 30319

☐ Delete

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CITY-ST-ZIP
D
ADAMS, REX
675 W PEACHTREE ST NW 45TH FLOOR
ATLANTA, GA 30375

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
YOUNG, JAMES N
1155 PEACHTREE ST NE #14K07
ATLANTA, GA 30309

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
DCFO
HALLACY, DON G
1155 PEACHTREE ST #1701
ATLANTA, GA 30309

☒ Delete

TITLE
NAME
STREET ADDRESS
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P
WOOD, JAMES M III
675 W PEACHTREE ST NW #4418
ATLANTA, GA 30375

☐ Delete

TITLE
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CITY-ST-ZIP
VPSG
HOGEMAN, HUBERT H
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ATLANTA, GA 30375

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
D
William C. Pate
1025 Lenox Park Boulevard, #A624
Atlanta, GA 30319-5309

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Michael L. Wolf
1155 Peachtree Street, NE, #14K07
Atlanta, GA 30309-3610

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Francis A. Dramis, Jr.
4155 Peachtree Street, NE, #2007
Atlanta, GA 30309-3610

☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP
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Joyce Clower Irvine
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SIGNATURE:

Joyce Clower Irvine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joyce Clower Irvine, Secretary

Date

Daytime Phone #