

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90053 004 ***150.00

DOCUMENT # F99000004821

1. Entity Name

BELLSOUTH CREDIT AND COLLECTIONS MANAGEMENT, INC

Principal Place of Business

Mailing Address

C/O LEIGH ANN DOLAN
 675 WEST PEACHTREE STREET, N.E., STE. 4300
 ATLANTA GA 30375

C/O LEIGH ANN DOLAN
 675 WEST PEACHTREE STREET, N.E., STE. 4300
 ATLANTA GA 30375-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2491049

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete SMITH, ARTHUR T 675 W. PEACHTREE ST., N.E. ATLANTA GA 30375	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Leigh Ann Dolan 675 West Peachtree St., NE, Suite 4300 Atlanta, GA 30375
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete PYRON, JOHN 675 W. PEACHTREE ST., N.E. ATLANTA GA 30375	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete HUNNICUTT, CHARLES 1057 LENOX PARK BLVD. ATLANTA GA 30319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete MORTON, CLAUDE P 3535 COLONNADE PARKWAY, ROOM S611 BIRMINGHAM AL 35243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input checked="" type="checkbox"/> Delete DOLAN, LEIGH ANN 675 WEST PEACHTREE STREET, N.E. ATLANTA GA 30375	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Harry Lightsey 675 West Peachtree St., NE, Suite 4300 Atlanta, GA 30375
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete PITTMAN, JAMES L 1155 PEACHTREE STREET ATLANTA GA 30309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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.

SIGNATURE:

Leigh Ann Dolan

Leigh Ann Dolan

3/1/2000

(404)335-0719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)