

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90001 039 ***150.00

05000000 AT

DOCUMENT # F99000004821

1. Entity Name
BELLSOUTH CREDIT AND COLLECTIONS MANAGEMENT, INC ✓

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| Principal Place of Business C/O LEIGH ANN DOLAN 675 W PEACHTREE STREET, N.E., STE. 4300 ATLANTA GA 30375 | Mailing Address C/O LEIGH ANN DOLAN 675 W PEACHTREE STREET, N.E., STE. 4300 ATLANTA GA 30375 |
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DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|-------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 58-2491049 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |

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|--|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | | | 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS DOLAN, LEIGH A 675 W. PEACHTREE ST., N.E. ATLANTA GA 30375 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PYRON, JOHN 675 W. PEACHTREE ST., N.E. ATLANTA GA 30375 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HUNNICUTT, CHARLES 1057 LENOX PARK BLVD. ATLANTA GA 30319 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MORTON, CLAUDE P 3535 COLONNADE PARKWAY, ROOM S611 BIRMINGHAM AL 35243 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOP SMITH, ARTHUR T 3535 COLONNADE PKWY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | William H. Beard, CEOP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 675 West Peachtree St. #29K61 Atlanta, GA 30375 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PITTMAN, JAMES L 1155 PEACHTREE STREET ATLANTA GA 30309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | James N. Young, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1155 Peachtree St. #14D03 Atlanta, GA 30309 |

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 Assistant Secretary Date: 01/09/02 404 335-0703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)