



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90002 002 \*\*\*150.00

<b>DOCUMENT # F99000004821</b>					
<b>1. Entity Name</b> BELLSOUTH CREDIT AND COLLECTIONS MANAGEMENT, INC.					
<b>Principal Place of Business</b> C/O JOYCE CLOWER IRVINE SUITE 1800-1155 PEACHTREE ST ATLANTA, GA 30309-3610			<b>Mailing Address</b> C/O JOYCE CLOWER IRVINE SUITE 1800-1155 PEACHTREE ST ATLANTA, GA 30309-3610		
<b>2. Principal Place of Business</b> 1155 Peachtree Street, NE Suite, Apt. #, etc. <b>Suite 1800</b> City & State <b>Atlanta, GA 30309-3610</b> Zip Country		<b>3. Mailing Address</b> 1155 Peachtree Street, NE Suite, Apt. #, etc. <b>Suite 1800</b> City & State <b>Atlanta, GA 30309-3610</b> Zip Country		<b>54021227</b>  	
<b>4. FEI Number</b> 58-2491049				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01072004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS IRVINE, JOYCE C SUITE 1800-1155 PEACHTREE ST, NE ATLANTA, GA 303093610	<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	VPS GILBERT, A. KIRVEN 1025 LENOX PARK BLVD ATLANTA, GA 30319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S/GC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ARTHUR T SUITE 300-1 CHASE CORPORATE DR BIRMINGHAM, AL 35244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, JAMES N 1155 PEACHTREE ST, #14K07 ATLANTA, GA 30309	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yolanda H. Hubert 308 Clinton Avenue, W, 4th Floor Huntsville, AL 35801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John M. Pyron 1025 Lenox Park Boulevard, #D985 Atlanta, GA 30319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<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> <i>Joyce Clower Irvine</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/19/04 (404) 249-4450 Date Daytime Phone #		

Joyce Clower Irvine, Assistant Secretary