


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-23-2004 90002 002 ***150.00

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

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