

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-06-2006 90007 016 \*\*\*150.00

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02232006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F99000004821</b> 1. Entity Name <b>BELLSOUTH CREDIT AND COLLECTIONS MANAGEMENT, INC.</b>					
Principal Place of Business <b>1155 PEACHTREE STREET NE, STE 1800 ATLANTA, GA 30309-3610</b>			Mailing Address <b>1155 PEACHTREE STREET NE, STE 1800 SUITE 1800-1155 PEACHTREE ST ATLANTA, GA 30309-3610</b>		
2. Principal Place of Business <b>3196 Highway 280 E</b> Suite, Apt. #, etc. <b>Suite 204A</b>		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>58-2491049</b>	
City & State <b>Birmingham, AL 35243-4183</b>		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>USA</b>		Zip <b>USA</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 Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<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	DVS. GILBERT, A. KIRVEN 1025 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	DP SMITH, ARTHUR T <del>SUITE 300-1 CHASE CORPORATE DR</del> BIRMINGHAM, AL 35244	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3196 Highway 280 E, #204A Birmingham, AL 35243-4183</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, JAMES N 1155 PEACHTREE ST, #14K07 ATLANTA, GA 30309	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael L. Wolf 1155 Peachtree Street, NE, #14K07 Atlanta, GA 30309-3610</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBERT, YOLANDA H 308 CLINTON AVE. WEST, 4TH FLOOR HUNTSVILLE, AL 35801	<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	D PYRON, JOHN M 1025 LENOX PARK BLVD #8805 ATLANTA, GA 30319	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>#B845</b>
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 empowered.					
SIGNATURE: <i>Joyce Clower Irvine</i> <b>2/28/06</b> (404) 249-4450 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Joyce Clower Irvine, Assistant Secretary