

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

*pg 1 of 3*

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P14223 (2)**

1. Corporation Name

**BELLSOUTH NETWORK SOLUTIONS, INC.**



Principal Place of Business

Mailing Address

675 W. PEACHTREE ST.  
STE. 4300  
ATLANTA GA 30375  
US

675 W. PEACHTREE ST.  
STE. 4300  
ATLANTA GA 30375  
US

3. Date Incorporated or Qualified  
**04/29/1987**

3a. Date of Last Report  
**02/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**58-1720501**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FREDRICK K. SHAFTMAN	
STREET ADDRESS	1936 BLUE HILLS DR	
CITY - ST - ZIP	ROANKE VA 24012	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGLAS A. BULLEIT	
STREET ADDRESS	1100 ASHWOOD PKWY STE. 200	
CITY - ST - ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERT L. COPELL III	
STREET ADDRESS	675 W. PEACHTREE ST	
CITY - ST - ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHIL S. JACOBS	
STREET ADDRESS	675 W. PEACHTREE ST	
CITY - ST - ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES M. SCHENK	
STREET ADDRESS	3000 RIVERCHASE GALLERIA STE. 1250	
CITY - ST - ZIP	BIRMINGHAM AL 35244	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRELL, MICHAEL K.	
STREET ADDRESS	1100 PEACHTREE ST., N.E.	
CITY - ST - ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. SCOTT STENHOUSE

2/15/96

(404) 235-3977

Date

Daytime Phone #

CR2E034 (12/95)

P14223

Pg 2 of 3

**BELLSOUTH NETWORK SOLUTIONS, INC.  
OFFICERS**

Daliah Amar  
President  
Suite 200  
1100 Ashwood Parkway  
Atlanta, GA 30338

Tim Beach  
Vice President  
Suite 200  
1100 Ashwood Parkway  
Atlanta, GA 30338

Reed Curtis  
Vice President  
Suite 200  
1100 Ashwood Parkway  
Atlanta, GA 30338

Jim Harper  
Vice President  
Suite 200  
1100 Ashwood Parkway  
Atlanta, GA 30338

D. Scott Stenhouse  
Vice President, General Counsel & Secretary  
Suite 170  
1800 Century Boulevard  
Atlanta, GA 30345

Mary O. Wier  
Treasurer  
Room 1F  
3700 Colonnade Parkway  
Birmingham, AL 35243

pg 3 of 3

**BELLSOUTH NETWORK SOLUTIONS, INC.  
DIRECTORS**

Richard Anderson  
4510 Southern Bell Center  
675 West Peachtree Street, NE  
Atlanta, GA 30375

Douglas A. Bulleit  
Suite 200  
1100 Ashwood Parkway  
Atlanta, GA 30338

Jim Schenk  
Suite 170  
1800 Century Boulevard  
Atlanta, GA 30345

Fredrick K. Shaftman  
1936 Blue Hills Drive, NE  
Roanoke, VA 24012

Daliah N. Amar  
Suite 200  
1100 Ashwood Parkway  
Atlanta, GA 30338

C. Larry Carter  
35580 Southern Bell Center  
675 West Peachtree Street, NE  
Atlanta, GA 30375

Patrick H. Casey  
4503 Southern Bell Center  
675 West Peachtree Street, NE  
Atlanta, GA 30375

William L. Smith  
4421 Southern Bell Center  
675 West Peachtree Street, NE  
Atlanta, GA 30375