


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

001369

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90208 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14895

1. Corporation Name
BELLSOUTH BUSINESS SYSTEMS, INC.



Principal Place of Business 1800 CENTURY BLVD STE 170 ATLANTA GA 30345 US	Mailing Address 1800 CENTURY BLVD STE 170 ATLANTA GA 30345 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified 06/18/1987	Applied For Not Applicable
4. FEI Number 58-1682668	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ODOM, RODERICK D	
STREET ADDRESS	675 W PEACHTREE ST	
CITY-ST-ZIP	ATLANTA GA 30375	
TITLE	SEVP	<input type="checkbox"/> DELETE
NAME	DERHAM, JOHN	
STREET ADDRESS	1800 CENTURY BLVD, STE 100	
CITY-ST-ZIP	ATLANTA GA 30345	
TITLE	VPGC	<input type="checkbox"/> DELETE
NAME	GILL, LAWRENCE E	
STREET ADDRESS	1800 CENTURY BLVD, STE 170	
CITY-ST-ZIP	ATLANTA GA 30345	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	ROBERT L. CAPELL	
STREET ADDRESS	675 W. PEACHTREE ST. STE. 4300	
CITY-ST-ZIP	ATLANTA GA 30375	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRENCH, F WAYNE	
STREET ADDRESS	125 PERIMETER CENTER WEST	
CITY-ST-ZIP	ATLANTA GA 30345	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	JAMES M. SCHERK	
STREET ADDRESS	SUITE 1250 3000 RIVERCHASE GALLERIA	
CITY-ST-ZIP	BIRMINGHAM AL 35299	

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 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 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, with all other like empowerments.

SIGNATURE: *James M. Scherk* 1/15/99 404 335 3110
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)