

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14895

1. Entity Name

**BELLSOUTH BUSINESS SYSTEMS, INC.**

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90285 008 \*\*\*158.75

Principal Place of Business CENTURY BLVD STE 170 ATLANTA GA 30345	Mailing Address 1800 CENTURY BLVD STE 170 ATLANTA GA 30345-3201 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>58-1682668</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE: P NAME: ODOM, RODERICK D STREET ADDRESS: 675 W PEACHTREE ST CITY-ST-ZIP: ATLANTA GA 30375	<input checked="" type="checkbox"/> Delete
TITLE: SEVP NAME: DERHAM, JOHN STREET ADDRESS: 1800 CENTURY BLVD, STE 100 CITY-ST-ZIP: ATLANTA GA 30345	<input checked="" type="checkbox"/> Delete
TITLE: VPGC NAME: GILL, LAWRENCE E STREET ADDRESS: 1800 CENTURY BLVD, STE 170 CITY-ST-ZIP: ATLANTA GA 30345	<input type="checkbox"/> Delete
TITLE: VPS NAME: ROBERT L. CAPELL STREET ADDRESS: 675 W. PEACHTREE ST. STE. 4300 CITY-ST-ZIP: ATLANTA GA 30375	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: FRENCH, F WAYNE STREET ADDRESS: 125 PERIMETER CENTER WEST CITY-ST-ZIP: ATLANTA GA 30345	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: Frederick K. Shaftman STREET ADDRESS: 1155 Peachtree Street, Suite 1000 CITY-ST-ZIP: Atlanta, GA 30309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SEVPGC NAME: Lawrence E. Gill STREET ADDRESS: 1800 Century Blvd, Suite 170 CITY-ST-ZIP: Atlanta, GA 30345 Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: Gary L. Walton STREET ADDRESS: 1155 Peachtree Street, Suite 1925 CITY-ST-ZIP: Atlanta, GA 30309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: CFO NAME: Bill Fisher STREET ADDRESS: 2400 Century Parkway, Suite 400 CITY-ST-ZIP: Atlanta, GA 30345	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowe

SIGNATURE: *Lawrence E Gill*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 404-235-3770  
 Date Daytime Phone #

CR2E034 (9/99)