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

(404) 249-4450

ANNUAL REPORT	٩

03-06-2006 90005 021 ***150.00 **DOCUMENT # P14895** BELLSOUTH BUSINESS SYSTEMS, INC. Principal Place of Business Mailing Address 40024180 2180 LAKE BLVD. SUITE 1800 C/O JOYCE IRVINE **SUITE 1200** 1155 PEACHTREE STREET, NE ATLANTA, GA 30319 ATLANTA, GA 30309-3610 US Principal Place of Business
1155 Peachtree Street, NE 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 02232006 Chg-P CR2E034 (11/05) **Suite 1800** City & State City & State 4. FEI Number Applied For Atlanta, GA 30309-3610 58-1682668 Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired ÜSA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VSGC TITLE ☐ Delete ☐ Change ☐ Addition MAME GILL, LAWRENCE E NAME 2180 LAKE BLVD., #12B01 STREET ADDRESS STREET ADDRESS ATLANTA, GA 30319 CITY-ST-ZIP CITY-ST-ZIP Delete DP TITLE TITLE ☐ Change Richard A. Anderson SHAFTMAN, FREDRICK K NAME NAME STREET ADDRESS 2180 LAKE BLVD. SUITE 1200 STREET ADDRESS 1155 Peachtree Street, NE, #2010 ATLANTA, GA 303196004 CITY-ST-ZIP CITY-ST-ZIP Atlanta, GA 30309-3610 AS TITLE ☐ Delete TITLE Change ☐ Addition IRVINE, JOYCE C MAME NAME STREET ADDRESS STE 1800-1155 PEACHTREE ST. NE STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 303093610 CITY-ST-ZIP M Addition 🗹 Delete ☐ Change INTE DILE YOUNG, JAMES N NAME Michael L. Wolf NAME 1155 Peachtree Street, NE, #14K07 Atlanta, GA 30309-3610 STREET ADDRESS 1155 PEACHTREE ST NE #14K07 STREET ADDRESS CITY-ST-74P ATLANTA, GA 303093610 CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

Clower Irvine, Assistant Secretary

SIGNATURE: