

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 JAN 23 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P15678 (6)  
1. Corporation Name  
BELLSOUTH COMMUNICATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
1936 BLUE HILLS DRIVE P.O. BOX 5455 ROANOKE VA 24012	1936 BLUE HILLS DRIVE P.O. BOX 5455 ROANOKE VA 24012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/25/1987	3a. Date of Last Report 02/23/1994
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

4. FEI Number 58-1744731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (PRINT, TYPE OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE) (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHAFTMAN, FREDRICK K.
STREET ADDRESS	1936 BLUE HILLS DRIVE
CITY - ST - ZIP	ROANOKE VA
TITLE	VD
NAME	HOLMES, RICHARD H
STREET ADDRESS	1936 BLUE HILLS DR
CITY - ST - ZIP	ROANOKE VA
TITLE	VT
NAME	JARRELL, DALLAS G.
STREET ADDRESS	1936 BLUE HILLS DRIVE
CITY - ST - ZIP	ROANOKE VA
TITLE	S
NAME	FADEL, KIM ALBERT
STREET ADDRESS	1936 BLUE HILLS DRIVE
CITY - ST - ZIP	ROANOKE VA
TITLE	CD
NAME	JACOBS, PHILIP S.
STREET ADDRESS	675 W. PEACHTREE ST.
CITY - ST - ZIP	ATLANTA GA
TITLE	V
NAME	HELMY, DANNY M.
STREET ADDRESS	27 LOST GROVE CT.
CITY - ST - ZIP	LILBURN GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	See Attached Lists
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 as an attachment with an address.

SIGNATURE: Wendell K. Faust 1/14/95 703.983-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**BellSouth Communication Systems**

1936 Blue Hills Drive, N.E.  
P.O. Box 5455  
Roanoke, Virginia 24012  
(703) 983-6000  
FEI: 58-1744731

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**Officers**

November, 1994

*Fredrick Krish Shaftman*  
*President/Chief Executive Officer*  
*5015 Crossbow Circle*  
*Roanoke, Virginia 24014*  
*SSN: 225-62-9880 D.O.B. 04/09/48*

*1936 Blue Hills Drive, NE*  
*Roanoke, Virginia 24012*

*Richard Harvey Holmes*  
*Senior Vice President/Chief Financial Officer*  
*5841 Olde Locke Court*  
*Roanoke, Virginia 24018*  
*SSN: 254-68-4281 D.O.B. 05/02/46*

*1936 Blue Hills Drive, NE*  
*Roanoke, Virginia 24012*

*Dallas Grey Jarrell*  
*Vice President Special Projects*  
*5219 Archer Drive, SW*  
*Roanoke, Virginia 24014*  
*SSN: 239-62-7465 D.O.B. 12/25/38*

*1936 Blue Hills Drive, NE*  
*Roanoke, Virginia 24012*

*Victor Jason Horrell*  
*Vice President Professional Services*  
*1325 Ivy Street*  
*Roanoke, Virginia 24014*  
*SSN: 239-66-5914 D.O.B. 04/14/41*

*1936 Blue Hills Drive, NE*  
*Roanoke, Virginia 24012*

*Danny Michael Helmly*  
*Vice President Operations*  
*27 Lost Grove Court*  
*Lilburn, Georgia 30247*  
*SSN: 259-68-0153 D.O.B. 02/27/46*

*1645 Tullie Circle*  
*Suite 100*  
*Atlanta, Georgia 30329*

*Martha Sue Good*  
*Vice President Marketing*  
*3203 Ellsworth Street, NE*  
*Roanoke, Virginia 24012*  
*SSN: 223-84-9632 D.O.B. 09/28/54*

*1936 Blue Hills Drive, NE*  
*Roanoke, Virginia 24012*

*Kim Albert Fadel*  
*Vice President General Counsel/Secretary*  
*8132 Vista Forest Drive, SW*  
*Roanoke, Virginia 24018*  
*SSN: 242-92-2798 D.O.B. 11/15/52*

*1936 Blue Hills Drive, NE*  
*Roanoke, Virginia 24012*

*Ronald Dennis Freeman*  
*Vice President Sales*  
*240 Carriage Way Lane*  
*Roswell, Georgia 30076*  
*SSN: 283-44-0824 D.O.B. 10/03/47*

*1645 Tullie Circle*  
*Suite 100*  
*Atlanta, Georgia 30329*

*Wendell Kevin Scott*  
*Comptroller/Treasurer*  
*2717 Bobolink Lane*  
*Roanoke, Virginia 24018*  
*SSN: 227-98-4356 D.O.B. 07/24/61*

*1936 Blue Hills Drive, NE*  
*Roanoke, Virginia 24012*

*Geraldine Wynne Demick*  
*Assistant Vice President Taxes*  
*435 River Glen Trace*  
*Atlanta, Georgia 30328*  
*SSN: 043-62-3688 D.O.B. 09/23/59*

*1155 Peachtree Street, NE*  
*Atlanta, Georgia 30367-6000*

*Susan Smith Creel*  
*Assistant Vice President Taxes*  
*98 Interlochen Drive*  
*Atlanta, Georgia 30342*  
*SSN: 431-92-3088 D.O.B. 06/05/49*

*1155 Peachtree Street, NE*  
*5B02*  
*Atlanta, Georgia 30367-6000*

*Adele Howell Shepherd*  
*Assistant Vice President Taxes*  
*720 Buff Drive*  
*Atlanta, Georgia 30342*  
*SSN: 255-70-1391 D.O.B. 08/15/45*

*1155 Peachtree Street, NE*  
*16E02*  
*Atlanta, Georgia 30367-6000*

*Eric Blain Rudolph*  
*Assistant Secretary*  
*4254 Wickersham Drive*  
*Atlanta, Georgia 30327*  
*SSN: 212-38-2427 D.O.B. 02/24/40*

*675 West Peachtree Street*  
*Atlanta, Georgia 30375*

*Reta Fry Mitchell*  
*Assistant Secretary*  
*1022 Markham Circle*  
*Roanoke, Virginia*  
*SSN: 225-54-6928 D.O.B. 08/21/41*

*1936 Blue Hills Drive, NE*  
*Roanoke, Virginia 24012*

**BellSouth Communication Systems**

1936 Blue Hills Drive, N.E.  
P.O. Box 5455  
Roanoke, Virginia 24012  
(703) 983-6000  
FBI: 58-1744731

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**Board of Directors**

November, 1994

*Phillip Snow Jacobs*  
1710 Redbourne Drive  
Atlanta, Georgia 30350  
SSN: 212-52-5773

*Fredrick Krish Shaftman*  
5015 Crossbow Circle  
Roanoke, Virginia 24014  
SSN: 225-62-9880

*Richard Harvey Holmes*  
5841 Olde Locke Court  
Roanoke, Virginia 24018  
SSN: 254-68-4281

*Patrick Harold Casey*  
5540 Mt. Vernon Way  
Dunwoody, Georgia 30350  
SSN: 260-56-1593

*4511 Southern Bell Center*  
675 West Peachtree Street, NE  
Atlanta, Georgia 30375

*1936 Blue Hills Drive, NE*  
Roanoke, Virginia 24012

*1936 Blue Hills Drive, NE*  
Roanoke, Virginia 24012

*4503 Southern Bell Center*  
675 West Peachtree Street, NE  
Atlanta, Georgia 30375

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P16399** (8)

1. Corporation Name  
**HERE COME THE CONTINENTAL BROTHERS, LTD., CORP.**

**FILED**  
95 JAN 23 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**C/O CONTINENTAL EQUITIES** **C/O CONTINENTAL EQUITIES**  
**110-64 QUEENS BLVD SUITE 297** **110-64 QUEENS BLVD SUITE 297**  
**FOREST HILLS NY 11375-6347** **FOREST HILLS NY 11375-6347**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/15/1987	02/18/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		11-2873567	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
MCNAMARA, THOMAS P 4100 BARNETT PLAZA 101 E KENNEDY BLVD TAMPA FL 33602				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARLSTEIN, EDWARD	1.2 NAME	
STREET ADDRESS	110-64 QUEENS BLVD S-297	1.3 STREET ADDRESS	
CITY - ST - ZIP	FOREST HILLS NY	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOL, JANE	2.2 NAME	
STREET ADDRESS	110-64 QUEENS BLVD S-297	2.3 STREET ADDRESS	
CITY - ST - ZIP	FOREST HILLS NY	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOREN, ALEX	3.2 NAME	
STREET ADDRESS	805 THIRD AVE 26TH FLOOR	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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: *Jane Gol* JANE GOL

1/17/95

718 575-8808

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (Typed Name)