

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

182

DOCUMENT # **P38016** (2)

1. Corporation Name
BELLSOUTH MOBILE DATA, INC.



Principal Place of Business	Mailing Address
1155 PEACHTREE STREET SUITE 1800 ATLANTA GA 30309-3610	1155 PEACHTREE STREET SUITE 1800 ATLANTA GA 30309-3610

3. Date Incorporated or Qualified 03/23/1992	3a. Date of Last Report 02/07/1995
4. FEI Number 58-1969962	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

g. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALAHASSEE 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
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (Type or print name of registered agent and the date of signature) (NOTE: Registered Agent signature required when submitting) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRELL, MICHAEL K.	
STREET ADDRESS	1100 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA 30309-4599	
TITLE	VSG	<input type="checkbox"/> DELETE
NAME	HILLMAN, ARTHUR B.	
STREET ADDRESS	1155 PEACHTREE ST, NE	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WALTON, GARY L.	
STREET ADDRESS	1155 PEACHTREE STREET, N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	IRVINE, JOYCE CLOWER	
STREET ADDRESS	1155 PEACHTREE STREET, N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAULDIN, EARLE	
STREET ADDRESS	1155 PEACHTREE STREET, N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEASLEY, JOHN F.	
STREET ADDRESS	1155 PEACHTREE STREET, N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	

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	See Attachment
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: *Joyce Clower Irvine* 4/9/96 (404) 249-4450
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Joyce Clower Irvine, Asst. Secretary

CR2E034 (12/95)

BELLSOUTH MOBILE DATA, INC.

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Attachment to Annual Reports

DIRECTORS:

Earle Mauldin
2007 Campanile, 1155 Peachtree Street, N.E.
Atlanta, Georgia 30309-3610

Michael K. Harrell
Suite 1020, 1100 Peachtree Street, N.E.
Atlanta, Georgia 30309-4599

John F. Beasley
2003 Campanile, 1155 Peachtree Street, N.E.
Atlanta, Georgia 30309-3610

Ronald M. Dykes
2006 Campanile, 1155 Peachtree Street, N.E.
Atlanta, Georgia 30309-3610

Charles C. Miller III
Suite 400, 1100 Peachtree Street, N.E.
Atlanta, Georgia 30309-4599