

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

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matham
Secretary of State
Tallahassee, Florida 32399-0001

MAY 1 11 32 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38315** (8)
1. Corporation Name
BELLSOUTH FINANCIAL SERVICES CORPORATION

Principal Place of Business: **1600 CENTURY BLVD. N.E., SUITE 1400 ATLANTA GA 30345**
Mailing Address: **1600 CENTURY BLVD. N.E., SUITE 1400 ATLANTA GA 30345**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **04/14/1992** 3a. Date of Last Report: **11/28/1994**

4. FET Number: **58-1583305** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: **21** State: **GA** 2b. Mailing Address: **26** State: **GA**

22. Suite, Apt. # etc.: **27** Suite, Apt. # etc.: **27**

23. City & State: **28** City & State: **28**

24. Co.: **25** Country: **29** Zip: **30** Country: **30**

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

B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

11a. TITLE	PCD
11b. NAME	SPARROW, ANNE-MARIE
11c. STREET ADDRESS	675 W. PEACHTREE ST. 4429
11d. CITY, ST. ZIP	ATLANTA GA 30375
11a. TITLE	PD
11b. NAME	KIMBLE, WYNN H.
11c. STREET ADDRESS	1800 CENTURY BLVD., N.E.
11d. CITY, ST. ZIP	ATLANTA GA 30375
11a. TITLE	S
11b. NAME	STENHOUSE, D. SCOTT
11c. STREET ADDRESS	675 W. PEACHTREE ST., #4300
11d. CITY, ST. ZIP	ATLANTA GA
11a. TITLE	D
11b. NAME	YOKLEY, ARLEN G
11c. STREET ADDRESS	1155 PEACHTREE ST., N.E.
11d. CITY, ST. ZIP	ATLANTA GA
11a. TITLE	D
11b. NAME	CASEY, PATRICK H.
11c. STREET ADDRESS	675 W. PEACHTREE ST., NE
11d. CITY, ST. ZIP	ATLANTA GA
11a. TITLE	D
11b. NAME	SHAFTMAN, FREDRICK K.
11c. STREET ADDRESS	1838 BLUE HILLS DRIVE
11d. CITY, ST. ZIP	ROANOKE VA 24012

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2. NAME	James M. Schenk	
13.3. STREET ADDRESS	Suite 1250, 3000 Riverchase Galleria	
13.4. CITY, ST. ZIP	Birmingham, AL 35244	
13.1. TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2. NAME	Wynn H. Kimble	
13.3. STREET ADDRESS	1800 Century Blvd. NE	
13.4. CITY, ST. ZIP	Atlanta, GA 30345	
13.1. TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2. NAME	Joseph J. Gallo	
13.3. STREET ADDRESS	675 West Peachtree St., Suite 4300	
13.4. CITY, ST. ZIP	Atlanta, GA 30375	
13.1. TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2. NAME	Phil S. Jacobs	
13.3. STREET ADDRESS	675 West Peachtree St., Suite 4511	
13.4. CITY, ST. ZIP	Atlanta, Georgia 30375	
13.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2. NAME		
13.3. STREET ADDRESS		
13.4. CITY, ST. ZIP		
13.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2. NAME		
13.3. STREET ADDRESS		
13.4. CITY, ST. ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.07000, Florida Statutes. Further, I certify that the information included 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 secretary or a person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment thereto as address.

SIGNATURE: 
SIGN, DATE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-95 404 529-3826
Date File No.