

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **1800 CENTURY BLVD., N.E., SUITE 1400 ATLANTA GA 30345**  
Mailing Address: **1800 CENTURY BLVD., N.E., SUITE 1400 ATLANTA GA 30345**

3. Date Incorporated or Qualified: **04/14/1992**  
3a. Date of Last Report: **05/01/1995**  
4. FEI 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  
2a. Mailing Address: 26  
Suite, Apt. #, etc: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **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

Signature typed or printed in block, preceded by name 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	<input checked="" type="checkbox"/> DELETE
NAME	SCHENK, JAMES	
STREET ADDRESS	STE 1250 3000 RIVERHASE GALLERIA	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	KIMBLE, WYNN	
STREET ADDRESS	1800 CENTURY BLVD NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GALLO, JOSEPH	
STREET ADDRESS	675 W PEACHTREE ST STE 4300	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, PHIL	
STREET ADDRESS	675 W PEACHTREE ST STE 4511	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, PATRICK H.	
STREET ADDRESS	675 W. PEACHTREE ST., NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAFTMAN, FREDRICK K.	
STREET ADDRESS	1938 BLUE HILLS DRIVE	
CITY-ST-ZIP	ROANOKE VA 24012	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, MAUREEN	
STREET ADDRESS	STE 100 1800 CENTURY BOULEVARD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAMENZ, MARK	
STREET ADDRESS	STE 1400 1800 CENTURY BOULEVARD	
CITY-ST-ZIP	ATLANTA, GA	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, JOSEPH	
STREET ADDRESS	STE 4300 SBC 675 W. P'TREE. ST.	
CITY-ST-ZIP	ATLANTA, GA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 its 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: *Mark Gramenz*  
MARK GRAMENZ, TREASURER

4-30-96

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