

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P38016

**FILED**  
**Apr 15, 2015**  
**Secretary of State**  
**CC9859531585**

**Entity Name:** BELLSOUTH MOBILE DATA, INC.

**Current Principal Place of Business:**

1025 LENOX PARK BLVD NE  
ATLANTA, GA 30319

**Current Mailing Address:**

675 W. PEACHTREE ST., N.W.  
SUITE 2756  
ATLANTA, GA 30308 US

**FEI Number:** 58-1969962

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           JONES, NICK W.  
Address        1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

Title           VICE PRESIDENT AND TREASURER  
Name           KLUG, JONATHAN P.  
Address        1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

Title           ASSISTANT SECRETARY  
Name           BLIZZARD, TERESA G.  
Address        1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

Title           ASSISTANT SECRETARY  
Name           FISHER, LINDA A.  
Address        1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

Title           ASSISTANT SECRETARY  
Name           MARLER, BRIAN V.  
Address        1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

Title           ASSISTANT SECRETARY  
Name           MCGEE, BRIAN  
Address        1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

Title           ASSISTANT SECRETARY  
Name           TODARO, JOANN F.  
Address        1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

Title           ASSISTANT SECRETARY  
Name           BEGUE , JACKIE A.  
Address        1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TERESA G. BLIZZARD

**ASSISTANT SECRETARY    04/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name GOGGIN, MICHAEL P.  
Address 1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

Title ASSISTANT SECRETARY  
Name NICKENS, CARL R.  
Address 1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

Title ASSISTANT SECRETARY  
Name TALBOT , JAMES  
Address 1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319