

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90021 037 ***150.00

DOCUMENT # F97000003222

1. Entity Name

BELLSOUTH INTERNATIONAL WIRELESS SERVICES, INC.

Principal Place of Business

Mailing Address

SUITE 1800
 1155 PEACHTREE ST., N.E.
 ATLANTA GA 30309-3610

SUITE 1800
 1155 PEACHTREE ST., N.E.
 ATLANTA GA 30309-7629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2329099

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | REYNOLDS, MICHAEL | |
| STREET ADDRESS | SUITE 400, 1100 PEACHTREE ST., NE | |
| CITY-ST-ZIP | ATLANTA GA 30309-4599 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | BROWN, JEFFREY P | |
| STREET ADDRESS | SUITE 400, 1100 PEACHTREE ST., NE | |
| CITY-ST-ZIP | ATLANTA GA 30309-4599 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MCARTHUR, RAWDON W | |
| STREET ADDRESS | SUITE 400, 1100 PEACHTREE ST., NE | |
| CITY-ST-ZIP | ATLANTA GA 30309-4599 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ROPER, G K III | |
| STREET ADDRESS | SUITE 400, 1100 PEACHTREE ST., NE | |
| CITY-ST-ZIP | ATLANTA GA 30309-4599 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|---|
| 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 | See Attachment | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | See Attachment | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | See Attachment | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce C. Irvine* **Joyce C. Irvine, Assistant Secretary** 1/21/00 404/249-4450
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)