

**2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M13000007600

**Entity Name:** NCWPCS MPL 26 - YEAR SITES TOWER HOLDINGS LLC

**Current Principal Place of Business:**

1025 LENOX PARK BLVD NE  
ATLANTA, GA 30319

**Current Mailing Address:**

675 WEST PEACHTREE ST NW  
STE 2756  
ATLANTA, GA 30308 US

**FEI Number:** 46-4639505

**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

**Authorized Person(s) Detail :**

Title MANAGER  
Name AT&T MOBILITY CORPORATION  
Address 1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

Title MANAGER  
Name HARRISON, GREGORY S  
Address 1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

Title MANAGER  
Name SHIPPAM, C. ANTHONY  
Address 1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

Title OFFICER  
Name FISHER, LINDA  
Address 1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

Title OFFICER  
Name JOHNSON, GARY  
Address 1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

Title OFFICER  
Name DIORIO, KAREN  
Address 1025 LENOX PARK BLVD NE  
City-State-Zip: ATLANTA GA 30319

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AT&T MOBILITY CORPORATION

**MANAGER**

**04/17/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date