


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90526 025 ***150.00

DOCUMENT # F00000001793 1. Entity Name SPECTRASITE WIRELESS TOWERS, INC.					
Principal Place of Business 100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511			Mailing Address 100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4202004 Chg-P CR2E034 (10/03)				4. FEI Number 52-2227679	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, STEPHEN H 100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS TOMICK, DAVID P 100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dale A. Carey 100 Regency Forest DR Cary, NC 27511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BYRNE, RICHARD J 100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gabriela Gonzalez 100 Regency Forest DR Cary, NC 27511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HUNT, DANIEL I 100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT James S. Felman 100 Regency Forest DR Cary, NC 27511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPIVAK, GLEN F 100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LYNCH, JOHN H 100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S John H. Lynch 100 Regency Forest DR Cary, NC 27511	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: James S. Felman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date 4-21-04 Daytime Phone # 919-468-0112	

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