


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90064 041 \*\*\*150.00

<b>DOCUMENT # F00000001793</b> 1. Entity Name SPECTRASITE WIRELESS TOWERS, INC.	
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Principal Place of Business 100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511	Mailing Address 100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511
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**DO NOT WRITE IN THIS SPACE**



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2227679	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARK, STEPHEN H
STREET ADDRESS	100 REGENCY FOREST DRIVE, SUITE 400
CITY-ST-ZIP	CARY, NC 27511
TITLE	P
NAME	CAREY, DALE A
STREET ADDRESS	100 REGENCY FOREST DR.
CITY-ST-ZIP	CARY, NC 27511
TITLE	V
NAME	GONZALEZ, GABRIELA
STREET ADDRESS	100 REGENCY FOREST DR.
CITY-ST-ZIP	CARY, NC 27511
TITLE	AT
NAME	FELMAN, JAMES S
STREET ADDRESS	100 REGENCY FOREST DR.
CITY-ST-ZIP	CARY, NC 27511
TITLE	S
NAME	LYNCH, JOHN H
STREET ADDRESS	100 REGENCY FOREST DR.
CITY-ST-ZIP	CARY, NC 27511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James S. Felman 3/24/05 919-468-0112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #