

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91311 017 \*\*\*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**

**11044637**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **52-2227679**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Delete  
**NAME** **CLARK, STEPHEN H**  
**STREET ADDRESS** **100 REGENCY FOREST DRIVE, SUITE 400**  
**CITY-ST-ZIP** **CARY NC 27511**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **Stephen H. Clark**  
**STREET ADDRESS** **100 Regency Forest DR**  
**CITY-ST-ZIP** **Cary, NC 27511**

**TITLE** **CVS** ☒ Delete  
**NAME** **TOMICK, DAVID P**  
**STREET ADDRESS** **100 REGENCY FOREST DRIVE, SUITE 400**  
**CITY-ST-ZIP** **CARY NC 27511**

**TITLE** **P** ☐ Change ☒ Addition  
**NAME** **Dale A. Carey**  
**STREET ADDRESS** **100 Regency Forest DR**  
**CITY-ST-ZIP** **Cary, NC 27511**

**TITLE** **V-** ☒ Delete  
**NAME** **BYRNE, RICHARD J**  
**STREET ADDRESS** **100 REGENCY FOREST DRIVE, SUITE 400**  
**CITY-ST-ZIP** **CARY NC 27511**

**TITLE** **V-** ☐ Change ☒ Addition  
**NAME** **Gabriela Gonzalez**  
**STREET ADDRESS** **100 Regency Forest DR**  
**CITY-ST-ZIP** **Cary, NC 27511**

**TITLE** **VAS** ☒ Delete  
**NAME** **HUNT, DANIEL I**  
**STREET ADDRESS** **100 REGENCY FOREST DRIVE, SUITE 400**  
**CITY-ST-ZIP** **CARY NC 27511**

**TITLE** **~~AS~~ A TREAS** ☐ Change ☒ Addition  
**NAME** **James S. Felman**  
**STREET ADDRESS** **100 Regency Forest DR**  
**CITY-ST-ZIP** **Cary, NC 27511**

**TITLE** **V** ☒ Delete  
**NAME** **SPIVAK, GLEN F**  
**STREET ADDRESS** **100 REGENCY FOREST DRIVE, SUITE 400**  
**CITY-ST-ZIP** **CARY NC 27511**

**TITLE** **S** ☐ Change ☐ Addition  
**NAME** **John H. Lynch**  
**STREET ADDRESS** **100 Regency Forest DR**  
**CITY-ST-ZIP** **Cary, NC 27511**

**TITLE** **AS** ☐ Delete  
**NAME** **LYNCH, JOHN H**  
**STREET ADDRESS** **100 REGENCY FOREST DRIVE, SUITE 400**  
**CITY-ST-ZIP** **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)(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:** SIGNATURE REQUIRED James S. Felman 4-17-03 919-468-0112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)