



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90066 046 \*\*\*150.00

<b>DOCUMENT # F00000003663</b> 1. Entity Name <b>SPECTRASITE, INC.</b>					
Principal Place of Business <b>100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511</b>			Mailing Address <b>100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511</b>		
2. Principal Place of Business  Suits, Apt. #, etc.		3. Mailing Address  Suits, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
4. FEI Number <b>56-2027322</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03212005    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CLARK, STEPHEN H 100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Mark A. Slaven 100 Regency Forest DR Cary, NC 27511 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, STEPHEN H 100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNCH, JOHN H 100 REGENCY FOREST DRIVE CARY, NC 27511 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BILTZ, TIMOTHY G 100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TOMICK, DAVID P 100 REGENCY FOREST DRIVE, SUITE 400 CARY, NC 27511 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/V Steven C. Lilly 100 Regency Forest DR Cary, NC 27511 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. GONZALEZ, GABRIELA 100 REGENCY FOREST DR CARY, NC 27511 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Gabriela Gonzalez</i> <b>Gabriela Gonzalez</b> 3/23/05    919-468-0112 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					