## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000006494

Entity Name: GLOBAL SIGNAL REIT SAVINGS TRS, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
SUITE 500	JSTA DRIVE , TX 77057				
Current Mailing Address:				New Mailing Address:	
1220 AUGUSTA DRIVE SUITE 500 HOUSTON, TX 77057					
FEI Number:	20-1356959	FEI Number Applied For ( ) FEI Nu	mber Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New 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					
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DCEO () [ KELLY, JOHN P 2000 CORPORA CANONSBURG,		Title: Name: Address: City-St-Zip:	EVC (X) Change ( ) Addition KELLY, JOHN P 2000 CORPORATE DRIVE CANONSBURG, PA 15317	
Title: Name: Address: City-St-Zip:	BROWN, JAY	Delete DRIVE, SUITE 500 17057	Title: Name: Address: City-St-Zip:	DCFO (X) Change ( ) Addition BROWN, JAY 1220 AUGUSTA DRIVE, SUITE 500 HOUSTON, TX 77057	
Title: Name: Address: City-St-Zip:	REID, DONALD	DRIVE, SUITE500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HAWK, E. BLAKE	DRIVE, SUITE 500	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MORELAND, W.	DRIVE, SUITE 500	Title: Name: Address: City-St-Zip:	DCEO (X) Change ( ) Addition MORELAND, W. BENJAMIN 1220 AUGUSTA DRIVE, SUITE 500 HOUSTON, TX 77057	
Title: Name: Address: City-St-Zip:	HOWELL, LYNN	Delete DRIVE, SUITE 500 77057	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN HOWELL ASTS 01/14/2009