

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000006698

1. Entity Name
CROWN CASTLE SOLUTIONS CORP.



Principal Place of Business

**510 BERING DRIVE
SUITE 600
HOUSTON, TX 77057**

Mailing Address

**510 BERING DRIVE
SUITE 600
HOUSTON, TX 77057**

DO NOT WRITE IN THIS SPACE

02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3025586	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**DO NOT WRITE
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 _____

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, 2007 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES YOUNG, JAMES 2000 CORPORATE DRIVE CANONSURGO, PA 15317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HAWK, E. BLAKE 510 BERING DRIVE, SUITE 600 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MORELAND, W. BENJAMIN 510 BERING DRIVE, SUITE 600 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP&T BROWN, JAY 510 BERING DRIVE, SUITE 600 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REID, DONALD J JR. 510 BERING DRIVE, SUITE 600 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KELLY, JOHNP P 2000 CORPORATE DRIVE CANONSBURG, PA 15317

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02/23/07-80009-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD J. REID, JR.

Date

Daytime Phone #

713-570-3000