2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006698

Entity Name: CROWN CASTLE SOLUTIONS CORP.

FILED Jan 02, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
510 BERING DRIVE SUITE 600 HOUSTON, TX 77057				1220 AUGUSTA DRIVE SUITE 500 HOUSTON, TX 77057		
Current Mailing Address:				New Mailing Address:		
510 BERING DRIVE SUITE 600 HOUSTON, TX 77057				1220 AUGUSTA DRIVE SUITE 500 HOUSTON, TX 77057		
FEI Number	: 74-3025586	FEI Number Applied For ()	FEI Nur	nber Not App	licable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:		Name and	Address of N	New Registered Agent:
1200 SOU PLANTAT The above	PORATION SYSTEM INTO SYSTEM IN	ND ROAD US	urpose d	of changing i	ts registered c	office or registered agent, or both,
SIGNATUI						
	Electron	ic Signature of Registered Ager	nt			Date
Election Ca	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PRES () YOUNG, JAMES 2000 CORPOR CANONSURG,	ATE DRIVE		Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	HAWK, E. BLA	RIVE, SUITE 600		Title: Name: Address: City-St-Zip:	HAWK, E. BLA	A DRIVE, SUITE 500
Title: Name: Address: City-St-Zip:	MORELAND, W	RIVE, SUITE 600		Title: Name: Address: City-St-Zip:	MORELAND, V	A DRIVE, SUITE 500
Title: Name: Address: City-St-Zip:	BROWN, JAY	Delete RIVE, SUITE 600 77057		Title: Name: Address: City-St-Zip:	BROWN, JAY	A DRIVE, SUITE 500 77057
Title: Name: Address: City-St-Zip:	REID, DONALD	RIVE, SUITE 600		Title: Name: Address: City-St-Zip:	REID, DONALE	A DRIVE, SUITE 500
Title: Name: Address: City-St-Zip:	CEO () KELLY, JOHNP 2000 CORPOR CANONSBURG	ATE DRIVE		Title: Name: Address: City-St-Zip:	DCEO (X KELLY, JOHN 2000 CORPOR CANONSBURG	RATE DRIVE

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 01/02/2008