

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006698

FILED
Mar 30, 2010
Secretary of State

Entity Name: CROWN CASTLE SOLUTIONS CORP.

Current Principal Place of Business:

1220 AUGUSTA DRIVE
SUITE 500
HOUSTON, TX 77057

New Principal Place of Business:

Current Mailing Address:

1220 AUGUSTA DRIVE
SUITE 500
HOUSTON, TX 77057

New Mailing Address:

FEI Number: 74-3025586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: DPRE
Name: MORELAND, W. BENJAMIN
Address: 1220 AUGUSTA DR. SUITE 500
City-St-Zip: HOUSTON, TX 77057

Title: DEVP
Name: HAWK, E. BLAKE
Address: 1220 AUGUSTA DRIVE, SUITE 500
City-St-Zip: HOUSTON, TX 77057

Title: AST
Name: HOWELL, LYNN
Address: 1220 AUGUSTA DRIVE, SUITE 500
City-St-Zip: HOUSTON, TX 77057

Title: DCFO
Name: BROWN, JAY
Address: 1220 AUGUSTA DRIVE, SUITE 500
City-St-Zip: HOUSTON, TX 77057

Title: S
Name: REID, DONALD J JR.
Address: 1220 AUGUSTA DRIVE, SUITE 500
City-St-Zip: HOUSTON, TX 77057

Title: COO
Name: YOUNG, JIM
Address: 2000 CORPORATE DRIVE
City-St-Zip: CANONSBURG, PA 15317

I hereby 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 all other like empowered.

SIGNATURE: LYNN HOWELL

AST

03/30/2010

Electronic Signature of Signing Officer or Director

_____ Date