

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005907

1. Entity Name

SPECTRUM SITE MANAGEMENT CORPORATION

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90056 004 ***150.00

Principal Place of Business

Mailing Address

510 BERING DRIVE
SUITE 500
HOUSTON TX 77057
US

ATTN: CORPORATE SECRETARY
510 BERING DR #500
HOUSTON TX 77057-1452
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0486448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MILLER, TED B JR.
CITY-ST-ZIP 510 BERING DRIVE, SUITE 500
HOUSTON TX 77057

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS KELLY, JOHN P
CITY-ST-ZIP 375 SOUTHPOINTE BLVD
CANONSBURG PA 15317

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS CRAIG McCROLY
CITY-ST-ZIP 510 BERING DR #500
HOUSTON, TX 77057

TITLE ☐ Delete
NAME CS
STREET ADDRESS GLASS-BROUSSARD, KATHY
CITY-ST-ZIP 510 BERING DR STE 500
HOUSTON TX 77057

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CUNNINGHAM, WESLEY D
STREET ADDRESS 510 BERING DR #500
CITY-ST-ZIP HOUSTON TX 77057

TITLE ☒ Change ☐ Addition
NAME W. BENJAMIN MCKELAND
STREET ADDRESS TREASURER
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS IVY, DAVID L
CITY-ST-ZIP 510 BERING DR #500
HOUSTON TX 77057

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME DCEO
STREET ADDRESS CROWN, ROBERT A
CITY-ST-ZIP 6500 CROWN PL
PRESTO PA 15142

TITLE ☐ Change ☒ Addition
NAME CFO
STREET ADDRESS Charles C. Green III
CITY-ST-ZIP 510 BERING DR #500
HOUSTON TX 77057

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000

Date

713-570-3105

Daytime Phone #

CR2E034 (9/99)