

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90030 048 \*\*\*150.00

**DOCUMENT # F95000005907**

1. Entity Name

**SPECTRUM SITE MANAGEMENT CORPORATION**



Principal Place of Business

510 BERING DRIVE  
SUITE 500  
HOUSTON TX 77057  
US

Mailing Address

ATTN: MICHELLE MORTON  
510 BERING DR #500  
HOUSTON TX 77057  
US

2. Principal Place of Business

6060 N. Central Expwy.

3. Mailing Address

ATTN: RICK COOPER (SAME)

Suite, Apt. #, etc.

Suite 642

Suite, Apt. #, etc.

SAME

City & State

Dallas, Texas

City & State

SAME

Zip

75206

Country

US

Zip

SAME

Country

MOORE

CR2E034 (11/03)



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

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

7. Name and Address of New Registered Agent

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. 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, 2004. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	REID, DONALD J	
STREET ADDRESS	510 BERING DRIVE, SUITE 500	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WALLANDER, EDWARD W	
STREET ADDRESS	510 BERING DR, #500	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	CS	<input checked="" type="checkbox"/> Delete
NAME	MORTON, MICHELLE	
STREET ADDRESS	510 BERING DR STE 500	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MORELAND, BENJAMIN	
STREET ADDRESS	510 BERING DR #500	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAWK, E. BLAKE	
STREET ADDRESS	510 BERING DR #500	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	CFOD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, JIMMY	
STREET ADDRESS	510 BERING DR, #500	
CITY-ST-ZIP	HOUSTON TX 77057	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDSON L. PANKEY	
STREET ADDRESS	6060 N. Central Expwy. Ste 642	
CITY-ST-ZIP	DALLAS, TX 75206	
TITLE	CEO / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen W. CARON	
STREET ADDRESS	6060 N. Central Expwy. #642	
CITY-ST-ZIP	DALLAS, TX 75206	
TITLE	Former Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK G. COOPER	
STREET ADDRESS	6060 N. Central Expwy. #642	
CITY-ST-ZIP	DALLAS, TX 75206	
TITLE	John Jacobsson - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1301 Avenue of the Americas	
STREET ADDRESS	38th Floor	
CITY-ST-ZIP	NY, NY 10019	
TITLE	Richard Mack - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1301 Avenue of the Americas	
STREET ADDRESS	38th Floor	
CITY-ST-ZIP	NY, NY 10019	
TITLE	Lee Heibart - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1301 Avenue of the Americas	
STREET ADDRESS	38th Floor	
CITY-ST-ZIP	NY, NY 10019	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Patrick G. Cooper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-04 292-3752