

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0654917 AT

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FILED

03 FEB -4 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 76-0486448

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME REID, DONALD J  
STREET ADDRESS 510 BERING DRIVE, SUITE 500  
CITY-ST-ZIP HOUSTON TX 77057 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800011793268  
02/04/03--01090--010 \*\*150.00 ☐ Change ☐ Addition

TITLE VP  
NAME WALLANDER, EDWARD W  
STREET ADDRESS 510 BERING DR, #500  
CITY-ST-ZIP HOUSTON TX 77057 ☐ Delete

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

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

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

TITLE T  
NAME MORELAND, BENJAMIN  
STREET ADDRESS 510 BERING DR #500  
CITY-ST-ZIP HOUSTON TX 77057 ☐ Delete

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

TITLE D  
NAME HAWK, E. BLAKE  
STREET ADDRESS 510 BERING DR #500  
CITY-ST-ZIP HOUSTON TX 77057 ☐ Delete

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

TITLE CFOD  
NAME MORELAND, W. BENJAMIN  
STREET ADDRESS 510 BERING DR, #500  
CITY-ST-ZIP HOUSTON TX 77057 ☒ Delete

TITLE P  
NAME Jimmy Taylor  
STREET ADDRESS 510 BERING DR, #500  
CITY-ST-ZIP HOUSTON, TX 77057 ☐ Change ☒ Addition

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:

*W. Benjamin Moreland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/03

713 5703105

CR2E034 (10/02)