

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Unisite Alpha, Inc.

FILED

01 APR 30 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

116 Huntington Avenue  
Boston, MA 02116

Mailing Address

116 Huntington Avenue  
Boston, MA 02116

2. Principal Place of Business

116 Huntington Avenue

Suite, Apt. #, etc.

11th floor

City & State

Boston, MA

3. Mailing Address

116 Huntington Avenue

Suite, Apt. #, etc.

11th floor

City & State

Boston, MA

4. FEI Number

75-2650208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

## 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.

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, 2001 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

TITLE President & Director ☐ Delete  
NAME Steven B. Dodge  
STREET ADDRESS 116 Huntington Ave.,  
CITY-ST-ZIP Boston MA 02116

TITLE Vice President & Director ☐ Delete  
NAME Justin D. Benincasa  
STREET ADDRESS 116 Huntington Ave.,  
CITY-ST-ZIP Boston, MA 02116

TITLE Secretary and VP ☐ Delete  
NAME Jonathan R. Black  
STREET ADDRESS 116 Huntington Ave.,  
CITY-ST-ZIP Boston, MA 02116

TITLE Treasurer, CFO & Director ☐ Delete  
NAME Joseph L. Winn  
STREET ADDRESS 116 Huntington Avenue  
CITY-ST-ZIP Boston, MA 02116

TITLE COO & Director ☐ Delete  
NAME Douglas C. Wiest  
STREET ADDRESS 116 Huntington Avenue  
CITY-ST-ZIP Boston, MA 02116

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

April 24, 2001 617 375-7500

Date

Daytime Phone #

CR2E034 (11/00)

000004091420-2



ACCOUNT NO. : 072100000032

REFERENCE : 131664 4389224

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pizit*

ORDER DATE : April 27, 2001

ORDER TIME : 10:39 AM

ORDER NO. : 131664-020

CUSTOMER NO: 4389224

CUSTOMER: Ms. Kathleen A. Quinn  
American Tower Corporation  
116 Huntington Avenue  
11th Floor  
Boston, MA 02116

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 APR 30 AM 11: 57  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: UNISITE ALPHA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: \_\_\_\_\_