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FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006781 (6)

1. Corporation Name

TELECOM TOWERS, INC.



Principal Place of Business

2201 WILSON BLVD, SUITE 500
ARLINGTON VA 22201

Mailing Address

2201 WILSON BLVD, SUITE 500
ARLINGTON VA 22201-3323

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

g. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

12/24/1996

3a. Date of Last Report

4. FLI Number

31-1421048

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME MADIGAN, CLARK T
STREET ADDRESS 2201 WILSON BLVD, SUITE 500
CITY-ST-ZIP ARLINGTON VA 22201

TITLE CD
NAME SMITH, RANDALL N
STREET ADDRESS 2201 WILSON BLVD, SUITE 500
CITY-ST-ZIP ARLINGTON VA 22201

TITLE VSD
NAME SIVERTSEN, B. ERIC
STREET ADDRESS 2201 WILSON BLVD, SUITE 500
CITY-ST-ZIP ARLINGTON VA 22201

TITLE D
NAME SMITH, DENISON E
STREET ADDRESS 2201 WILSON BLVD, SUITE 500
CITY-ST-ZIP ARLINGTON VA 22201

TITLE VTD
NAME WILLIAMS, MICHAEL T
STREET ADDRESS 2201 WILSON BLVD, SUITE 500
CITY-ST-ZIP ARLINGTON VA 22201

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

Michael T. Williams
Executive Vice President

3/2/97 (203)243-1252

CR2E034 (9/96)