


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 1525 WILSON BLVD. SUITE 500 ARLINGTON VA 22209			Mailing Address 1525 WILSON BLVD. SUITE 500 ARLINGTON VA 22209		
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		3. Date Incorporated or Qualified 12/24/1996 4. FEI Number 31-1421048 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE TALLAHASSEE FL 32301			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 reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADIGAN, CLARK T		1.2 NAME		
STREET ADDRESS	2201 WILSON BLVD, SUITE 500		1.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA 22201		1.4 CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, RANDALL N		2.2 NAME		
STREET ADDRESS	2201 WILSON BLVD, SUITE 500		2.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA 22201		2.4 CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIVERTSEN, B. ERIC		3.2 NAME		
STREET ADDRESS	2201 WILSON BLVD, SUITE 500		3.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA 22201		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, DENISON E		4.2 NAME		
STREET ADDRESS	2201 WILSON BLVD, SUITE 500		4.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA 22201		4.4 CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, MICHAEL T		5.2 NAME		
STREET ADDRESS	2201 WILSON BLVD, SUITE 500		5.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA 22201		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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:

Michael E. Smith **REQUIRED** *President 1/6/98*

(703) 243-1257

CR2E034 (10/97)