

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90526 015 ***150.00

DOCUMENT # F98000005531

1. Entity Name
SPECTRASITE BUILDING GROUP, INC.



Principal Place of Business
**100 REGENCY FOREST DR.
CARY, NC 27511**

Mailing Address
**100 REGENCY FOREST DR.
CARY, NC 27511**

54041086



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2953561

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CLARK, STEPHEN
STREET ADDRESS 100 REGENCY FOREST DRIVE, SUITE 400
CITY-ST-ZIP CARY, NC 27511

TITLE P
NAME CAREY, DALE A
STREET ADDRESS 100 REGENCY FOREST DRIVE, SUITE 400
CITY-ST-ZIP CARY, NC 27511

TITLE V
NAME GONZALEZ, GABRIELA
STREET ADDRESS 100 REGENCY FOREST DR.
CITY-ST-ZIP CARY, NC 27511

TITLE AT
NAME FELMAN, JAMES S
STREET ADDRESS 100 REGENCY FOREST DR.
CITY-ST-ZIP CARY, NC 27511

TITLE S
NAME LYNCH, JOHN H
STREET ADDRESS 100 REGENCY FOREST DRIVE, SUITE 400
CITY-ST-ZIP CARY, NC 27511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: James S. Felman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-21-04 919-468-0112
Daytime Phone #