

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91406 005 ***150.00

DOCUMENT # F98000005531

1. Entity Name
SPECTRASITE BUILDING GROUP, INC.



Principal Place of Business
**100 REGANCY FOREST RD
STE 100
CARY NC 27511**

Mailing Address
**100 REGANCY FOREST RD
STE 100
CARY NC 27511**

2. Principal Place of Business
100 Regency Forest DR
Suite, Apt. #, etc.

3. Mailing Address
100 Regency Forest DR
Suite, Apt. #, etc.

City & State
Cary, NC

City & State
Cary, NC

4. FEI Number **23-2953561**

Applied For
Not Applicable

Zip
27511

Country
USA

Zip
27511

Country
USA

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**

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. 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, STEPHEN	
STREET ADDRESS	100 REGANCY FOREST DRIVE, SUITE 400	
CITY-ST-ZIP	CARY NC 27511	
TITLE	P	<input type="checkbox"/> Delete
NAME	CAREY, DALE A	
STREET ADDRESS	100 REGANCY FOREST DRIVE, SUITE 400	
CITY-ST-ZIP	CARY NC 27511	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUNT, DANIEL I	
STREET ADDRESS	100 REGANCY FOREST DRIVE, SUITE 400	
CITY-ST-ZIP	CARY NC 27511	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LONG, BENJAMIN	
STREET ADDRESS	555 NORTH LANE, STE 6138	
CITY-ST-ZIP	CONSHOHOCKEN PA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STERN, RICHARD B	
STREET ADDRESS	555 NORTH LANE, STE 6138	
CITY-ST-ZIP	CONSHOHOCKEN PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYNCH, JOHN H	
STREET ADDRESS	100 REGANCY FOREST DRIVE, SUITE 400	
CITY-ST-ZIP	CARY NC 27511	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gabriela Gonzalez	
STREET ADDRESS	100 Regency Forest DR	
CITY-ST-ZIP	Cary, NC 27511	
TITLE	A TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James S. Felman	
STREET ADDRESS	100 Regency Forest Dr.	
CITY-ST-ZIP	Cary, NC 27511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4-17-03

919-468-0112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)