

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90103 048 ***150.00

DOCUMENT # F99000002862

1. Entity Name
CROWN CASTLE USA, INC.

Principal Place of Business
**375 SOUTHPOINTE BLVD.
 CANONSBURG PA 15317**

Mailing Address
**510 BERING DR.
 #500
 HOUSTON TX 77057**

002003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 25-1695742		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, JOHN PATRICK			NAME			
STREET ADDRESS	375 SOUTHPOINTE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	CANONSBURG PA			CITY-ST-ZIP			
TITLE	SV00 P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORELANO, W. BENJAMIN			NAME			
STREET ADDRESS	510 BERING DR., STE. 500			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASS-BROUSSARD, KATHY			NAME	Michelle Molton		
STREET ADDRESS	510 BERING DRIVE, SUITE 500			STREET ADDRESS	510 BERING DR. #500		
CITY-ST-ZIP	HOUSTON TX			CITY-ST-ZIP	HOUSTON TX 77057		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUNNINGHAM, WESLEY D			NAME			
STREET ADDRESS	510 BERING DRIVE, SUITE 500			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, TED B JR			NAME			
STREET ADDRESS	510 BERING DRIVE, STE. 500			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RY, DAVID L			NAME	E. Blake Hawk		
STREET ADDRESS	510 BERING DRIVE, STE. 500			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX			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: Michelle Molton Secretary Date: 1/4/01 Daytime Phone #: 713 570 3105

CR2E034 (10/00)

05/02/01