

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002862

FILED
Jan 06, 2004
Secretary of State

Entity Name: CROWN CASTLE USA, INC.

Current Principal Place of Business:

2000 CORPORATE DR.
CANONSBURG, PA 15317

New Principal Place of Business:

510 BERING DRIVE
SUITE 500
HOUSTON, TX 77057

Current Mailing Address:

510 BERING DR.
#500
HOUSTON, TX 77057

New Mailing Address:

FEI Number: 25-1695742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: KELLY, JOHN PATRICK
Address: 2000 CORPORATE DR.
City-St-Zip: CANONSBURG, PA 15317

Title: DSVP () Delete
Name: MORELANO, W. BENJAMIN
Address: 510 BERING DR., STE. 500
City-St-Zip: HOUSTON, TX 77057

Title: S () Delete
Name: MORTON, MICHELLE
Address: 510BERING DRIVE SUITE 500
City-St-Zip: HOUSTON, TX 77057

Title: V () Delete
Name: REID, DONALD J
Address: 510 BERING DRIVE, SUITE 500
City-St-Zip: HOUSTON, TX 77057

Title: DEVP () Delete
Name: HAWK, E.BLAKE
Address: 510 BERING DRIVE, STE. 500
City-St-Zip: HOUSTON, TX 77057

Title: P () Delete
Name: WALLANDER, EDWARD
Address: 2000 CORPORATE DR.
City-St-Zip: CANONSBURG, PA 15317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DSVP (X) Change () Addition
Name: MORELAND, W. BENJAMIN
Address: 510 BERING DR., STE. 500
City-St-Zip: HOUSTON, TX 77057

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE MORTON

S

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date