

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90069 034 ***150.00

DOCUMENT # F99000003780

1. Entity Name
CROWN CASTLE SOUTH INC.

Principal Place of Business 375 SOUTHPOINTE BLVD. CANONSBURG PA 15317	Mailing Address 510 BERING DRIVE #500 HOUSTON TX 77057
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **74-2913900** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input checked="" type="checkbox"/> Delete
NAME KELLY, JOHN PATRICK	
STREET ADDRESS 375 SOUTHPOINTE BLVD.	
CITY-ST-ZIP CANONSBURG PA 15317	
TITLE VS	<input checked="" type="checkbox"/> Delete
NAME GLASS-BROUSSARD, KATHY	
STREET ADDRESS 510 BERING SUITE 500	
CITY-ST-ZIP HOUSTON TX 77057	
TITLE SVB P	<input type="checkbox"/> Delete
NAME CUNNINGHAM, WESLEY D	
STREET ADDRESS 510 BERING DR., STE. 500	
CITY-ST-ZIP HOUSTON TX 77057	
TITLE EVC P	<input type="checkbox"/> Delete
NAME GREEN, CHARLES C III	
STREET ADDRESS 510 BERING DR., STE. 500	
CITY-ST-ZIP HOUSTON TX 77057	
TITLE EVD	<input checked="" type="checkbox"/> Delete
NAME IVY, DAVID L	
STREET ADDRESS 510 BERING DR., STE. 500	
CITY-ST-ZIP HOUSTON TX 77057	
TITLE V	<input type="checkbox"/> Delete
NAME BRESSAN, JOSEPH L	
STREET ADDRESS 375 SOUTHPOINTE BLVD.	
CITY-ST-ZIP CANONSBURG PA 15317	

TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDWARD W. WELANDER	
STREET ADDRESS 375 SOUTHPOINTE BLVD	
CITY-ST-ZIP CANONSBURG, PA 15317	
TITLE SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICHELLE MORTON	
STREET ADDRESS 510 BERING DR #500	
CITY-ST-ZIP HOUSTON TX 77057	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE EVP & DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME E. BLAKE HAWK	
STREET ADDRESS 510 BERING DR #500	
CITY-ST-ZIP HOUSTON, TX 77057	
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TED D. MILLER JR	
STREET ADDRESS 510 BERING DR #500	
CITY-ST-ZIP HOUSTON, TX 77057	

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 Morton, Secretary Date: 7/3/01 Daytime Phone # _____

05/02/01

CR2E034 (10/00)