


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90064 034 \*\*\*150.00

<b>DOCUMENT # H13104</b> 1. Entity Name LODESTAR TOWERS, INC.	
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Principal Place of Business 100 REGENCY FOREST DR. STE. 400 CARY, NC 27511 US	Mailing Address 100 REGENCY FOREST DR. STE. 400 CARY, NC 27511 US
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40057065



03162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2453432	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM 1200 SOUTHPINE ISLAND ROAD PLANTATION, FL 33324
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILTZ, TIMOTHY G 100 REGENCY FOREST DRIVE SUITE 400 CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESTWOOD, THOMSA A 100 REGENCY FOREST DR CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONAZLEZ, GABRIELA 100 REGENCY FOREST DR CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNCH, JOHN H 100 REGENCY FOREST DR CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FELMAN, JAMES 100 REGENCY FOREST DR 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 3/24/05 919-468-0112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #