

1.) CORPORATION NAME:

Crown Castle Solutions Corp.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1602038**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1220 AUGUSTA DRIVE
STE 500

CITY/ST/ZIP: HOUSTON, TX 77057

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	W BENJAMIN MORELAND	
TITLE:	PRES & CEO	
ADDRESS:	1220 AUQUSTA DRIVE	
	STE 500	
CITY/ST/ZIP/CO:	HOUSTON, TX 77057	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	E. BLAKE HAWK	
TITLE:	EXEC VP	
ADDRESS:	1220 AUGUSTA DRIVE	
CITY/ST/ZIP/CO:	HOUSTON, TX 77057	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LYNN HOWELL	
TITLE:	ASST S	
ADDRESS:	1220 AUGUSTA DR STE 500	
CITY/ST/ZIP/CO:	HOUSTON, TX 77057	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAY BROWN	
TITLE:	SVP/CFO/TREAS	
ADDRESS:	1220 AUQUASTA DR STE 500	
CITY/ST/ZIP/CO:	HOUSTON, TX 77057	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DONALD J REID JR	
TITLE:	SECRETARY	
ADDRESS:	1220 AUGUSTA DR	
	STE 500	
CITY/ST/ZIP/CO:	HOUSTON, TX 77057	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JIM YOUNG	
TITLE:	SVP COO	
ADDRESS:	2000 CORPORATE DRIVE	
CITY/ST/ZIP/CO:	CANONSBURG, PA 15317	

NAME: Phil Kelley TITLE: SVP Corp Dev ADDRESS: 1220 Augusta Drive CITY/ST/ZIP/CO: Houston, TX 77057	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Thomas Bone TITLE: VP Corp Tax ADDRESS: 2000 Corporate Drive CITY/ST/ZIP/CO: Canonsburg, PA 15317	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LYNN HOWELL	LYNN HOWELL, ASST S	8/6/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.