

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212550922

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**

SCC ID NO: **F1602038**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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.

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

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

NAME:	THOMAS BONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CORP TAX		
ADDRESS:	2000 CORPORATE DRIVE		
CITY/ST/ZIP/CO:	CANONSBURG, PA 15317		

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

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

NAME:	PHIL KELLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP CORP DEV		
ADDRESS:	1220 AUGUSTA DRIVE		
CITY/ST/ZIP/CO:	HOUSTON, TX 77057		

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
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NAME: JIM YOUNG TITLE: SVP COO 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	3/30/2013
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.