

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filling Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAIL	LURE TO FILE T	HIS REPORT BY M			\$25.00 PENAL	TY FEE.
1. Entity ID No.	2. Exact name of the Corporation					
000769084	CTI TOWERS, INC.					
3. Principal office address			City	•••	State	Zip
1701 JOHN F KENNEDY BLVD			PHILADLEPHI	Α	PA	19103-2838
4. Business Phone No.			5. State of Incorporation			
215-286-7557			COLORADO			
6. Brief description of the charact TO OWN OPERATE M				s		
7. LIST <u>ALL</u> OFFICERS (NAME	S AND ADDRESS	ES) ("X" BOX FOR AT	TACHMENT)	the end		
President Name	Vice-President Name					
AMY L BANSE	THOMAS J DONNELLY					
Street Address	Street Address					
1701 JOHN F KENNEI	1701 JOHN F KENNEDY BLVD					
City PHILADELPHIA	State PA	Zip 19103-2838	1		State PA	Zip 19103-2838
Secretary Name			Treasurer Name			
ARTHUR R BLOCK	WILLIAM E DORDELMAN					
Street Address	Street Address					
1701 JOHN F KENNEDY BLVD			1701 JOHN F KENNEDY BLVD			
City	State	Zip	City Sta		State	Zip
PHILADELPHIA	PA	19103-2838		Α	PA	19103-2838
8. LIST ALL DIRECTORS (NAM	ES AND ADDRES!	SES) ("X" BOX FOR A	TTACHMENT)			
Director Name	Director Name					
ANTHONY F PEDUTO			LOUIS A TOTH			
Street Address	Street Address					
38 POND ST, SUITE 3	1701 JOHN F KENNEDY BLVD					
City FRANKLIN	State MA	Zip 102038	City State PHILADELPHIA P		State PA	Zip 19103-2838
Director Name	Director Name					
DAVID ZILBERMAN						
Street Address	Street Address					
1701 JOHN F KENNEI						
City PHILADELPHIA	State PA	Zip 19103-2838	City		State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
				CLASS/SEF		PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.						
			0.00	COM	MON	\$0.0010
			0.00	А		\$0.0010
This report must be executed on	habalf of the corne	ration by an authorized				
this report must be executed bit	his report must be a	executed on behalf of the	he corporation by the rec	rporadonis eiver or tru	rin ine nanos or istee	a receiver or trustee,
	-1		Under penalty of perj			hat I have exemined
File Date						dules and statements.
Check No	•	FILED	and that all statemen	ts contain	ed herein are tr	rue and correct.
By:			- m 10	Jom	eys	a.19.12
FFR 2 1 2013			Signature of Authorized Representative Date THOMAS I DONNELLY VICE DESIDENT			
FOR SECRETARY OF STATE IS	ESCALV I		ACCL SAMORT	INFLLV	VICE DRESS	IDENT

Form No. 630 Revised: 01/2012

FOR SECRETARY OF STATE USE ONLY

THOMAS J DONNELLY, VICE PRESIDENT

Print or Type Name of Authorized Representative