

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 850308 (8)**

1. Corporation Name  
**STORAGE EQUITIES, INC.**

Principal Place of Business Mailing Address  
**600 N BRAND BLVD. SUITE 300  
GLENDALE CA 91203** **600 N BRAND BLVD. SUITE 300  
GLENDALE CA 91203**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/08/1981	04/14/1994
22 Suite, Apt. #, etc		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		95-3551121	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, B. WAYNE	1.2 NAME	
STREET ADDRESS	600 N BRAND BLVD #300	1.3 STREET ADDRESS	
CITY - ST - ZIP	GLENDALE CA	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENKIN, HARVEY	2.2 NAME	
STREET ADDRESS	600 N BRAND BLVD #300	2.3 STREET ADDRESS	
CITY - ST - ZIP	GLENDALE CA	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, HUGH W	3.2 NAME	
STREET ADDRESS	600 N BRAND BLVD #300	3.3 STREET ADDRESS	
CITY - ST - ZIP	GLENDALE CA	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASS, SARAH	4.2 NAME	
STREET ADDRESS	600 N BRAND BLVD #300	4.3 STREET ADDRESS	
CITY - ST - ZIP	GLENDALE CA	4.4 CITY - ST - ZIP	
TITLE	VST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVNER, RONALD L, JR	5.2 NAME	
STREET ADDRESS	600 N BRAND BLVD #300	5.3 STREET ADDRESS	
CITY - ST - ZIP	GLENDALE CA	5.4 CITY - ST - ZIP	
TITLE	VAS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERICH, OBREN B	6.2 NAME	
STREET ADDRESS	600 N BRAND BLVD #300	6.3 STREET ADDRESS	
CITY - ST - ZIP	GLENDALE CA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Obren B. Gerich* Obren B. Gerich 4-20-95 (818)244-8080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)