

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Apr 28 1996 8:00 am  
Secretary of State

DOCUMENT # 850308 (8)

1. Corporation Name

STORAGE EQUITIES, INC.  
Public Storage, Inc.

nc 12/18/95



Principal Place of Business

Mailing Address

600 N BRAND BLVD. SUITE 300  
GLENDALE CA 91203

600 N BRAND BLVD. SUITE 300  
GLENDALE CA 91203

3. Date Incorporated or Qualified 09/08/1981  
3a. Date of Last Report 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 701 S. Western Ave.

26 PO Box 25025

4. FEI Number 95-3551121

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 Dept PT

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Glendale CA

28 Glendale CA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip Country

25 Los Angeles

29 91201-502530 Los Angeles

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

000001798710  
-04/29/96--01046--013

83

City \*\*\*200.00

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	HUGHES, B. WAYNE	
STREET ADDRESS	600 N BRAND BLVD #300	
CITY-ST-ZIP	GLENDALE CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LENKIN, HARVEY	
STREET ADDRESS	600 N BRAND BLVD #300	
CITY-ST-ZIP	GLENDALE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HORNE, HUGH W	
STREET ADDRESS	600 N BRAND BLVD #300	
CITY-ST-ZIP	GLENDALE CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HASS, SARAH	
STREET ADDRESS	600 N BRAND BLVD #300	
CITY-ST-ZIP	GLENDALE CA	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	HAWNER, RONALD L, JR	
STREET ADDRESS	600 N BRAND BLVD #300	
CITY-ST-ZIP	GLENDALE CA	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GERICH, OBREN B	
STREET ADDRESS	600 N BRAND BLVD #300	
CITY-ST-ZIP	GLENDALE CA	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	701 S. Western Ave
1.4 CITY-ST-ZIP	Glendale CA 91201
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	701 S. Western Ave
2.4 CITY-ST-ZIP	Glendale CA 91201
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	701 S. Western Ave
3.4 CITY-ST-ZIP	Glendale CA 91201
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	701 S. Western Ave
4.4 CITY-ST-ZIP	Glendale CA 91201
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	701 S. Western Ave.
5.4 CITY-ST-ZIP	Glendale CA 91201
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	701 S. Western Ave.
6.4 CITY-ST-ZIP	Glendale CA 91201

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

4-11-96

Date

(818)244-8080

Daytime Phone #

CR2E034 (12/95)