

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 850308 (8)**

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



Principal Place of Business <b>701 S. WESTERN AVE.                  GLENDALE CA 91201</b>	Mailing Address <b>P.O. BOX 25025                  DEPT PT                  GLENDALE CA 91221-5025</b>
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3. Date Incorporated or Qualified <b>09/08/1981</b>	3a. Date of Last Report <b>04/28/1996</b>
4. FEI Number <b>95-3551121</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, WAYNE B</b>	1.2 NAME	
STREET ADDRESS	<b>701 WESTERN AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLENDALE CA 91201</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LENKIN, HARVEY</b>	2.2 NAME	
STREET ADDRESS	<b>701 WESTERN AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLENDALE CA 91201</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORNE, HUGH W</b>	3.2 NAME	
STREET ADDRESS	<b>701 WESTERN AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLENDALE CA 91201</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASS, SARAH</b>	4.2 NAME	
STREET ADDRESS	<b>701 WESTERN AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLENDALE CA 91201</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAVNER, RONALD L JR</b>	5.2 NAME	<b>E. John Reyes</b>
STREET ADDRESS	<b>701 WESTERN AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLENDALE CA 91201</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VAS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERICH, OBREN D</b>	6.2 NAME	
STREET ADDRESS	<b>701 WESTERN AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLENDALE CA 91201</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ DATE: **4-16-97** (818) 244-8080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)