

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90146 016 ***150.00

0554517

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 850308
 1. Corporation Name
PUBLIC STORAGE, INC.

Principal Place of Business 701 S. WESTERN AVE. GLENDALE CA 91201	Mailing Address P.O. BOX 25025 DEPT PT GLENDALE CA 91201-5025
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/08/1981	4. FEI Number 95-3551121 Applied For Not Applicable
---	--	---	--

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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	HUGHES, WAYNE B	
STREET ADDRESS	701 S. WESTERN AVE.	
CITY-ST-ZIP	GLENDALE CA 91201	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LENKIN, HARVEY	
STREET ADDRESS	701 S. WESTERN AVE.	
CITY-ST-ZIP	GLENDALE CA 91201	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PHELPS, CARL B	
STREET ADDRESS	701 WESTERN AVENUE	
CITY-ST-ZIP	GLENDALE CA 91201	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HASS, SARAH	
STREET ADDRESS	701 S. WESTERN AVE.	
CITY-ST-ZIP	GLENDALE CA 91201	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	REYES, JOHN	
STREET ADDRESS	701 S. WESTERN AVE.	
CITY-ST-ZIP	GLENDALE CA	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GERICH, OBREN D	
STREET ADDRESS	701 S. WESTERN AVE.	
CITY-ST-ZIP	GLENDALE CA 91201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I 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, with all other like empowered.

SIGNATURE: Obren B. Gerich OBREN B. GERICH 4-14-99 (818) 214-8080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)