

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90111 015 ***150.00

DOCUMENT # 850308

1. Entity 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 91221-5025
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2. Principal Place of Business 701 Western Avenue Suite, Apt. #, etc.	3. Mailing Address 701 Western Avenue Suite, Apt. #, etc.
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City & State Glendale, CA	City & State Glendale, CA
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Zip 91201-2349	Country USA	Zip 91201-2349	Country USA
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4. FEI Number 95-3551121	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hughes, B. Wayne 701 Western Avenue Glendale, CA 91201-2349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 Western Avenue Glendale, CA 91201-2349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Moffitt, Michele 701 Western Avenue Glendale, CA 91201-2349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 Western Avenue Glendale, CA 91201-2349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/AS/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 Western Avenue Glendale, CA 91201-2349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gerich, Obren B. 701 Western Avenue Glendale, CA 91201-2349

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michele Moffitt* **APR 27 2000 (818) 244-8080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)