

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91740 018 ***150.00

DOCUMENT # 050308

1. Entity Name

Public Storage Inc.

DO NOT WRITE IN THIS SPACE

96036

2. Principal Place of Business
701 Western Ave
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Glendale, CA
Zip
91201-2349

City & State
City
Country

4. FEI Number
05-3551121
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Ave.
City
Tallahassee FL Zip Code
32301

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 *C. Baclet* Charles Baclet, Vice President June 20, 2002
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)
January 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.26
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	<i>C B. WAYNE HUGHES 701 Western Ave Glendale, CA 91201-2349</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P Harvey Linton 701 Western Ave. Glendale, CA 91201-2349</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Carl B. Phelps 701 Western Ave Glendale, CA 91201-2349</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S David GOLDBERG 701 Western Ave Glendale, CA 91201-2349</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>M Michele Roberts 701 Western Ave Glendale, CA 91201-2349</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VST John Rues 701 Western Ave Glendale, CA 91201</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *M Roberts* Michele Roberts 5-3-02 (510) 244-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #