

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *B97000000131*
 1. Entity Name
Public Storage Pickup & Delivery, LP

FILED
 02 MAY 13 PM 2: 53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>701 Western Ave</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc. <i>2nd Flr</i>		Suite, Apt. #, etc.	
City & State <i>Glendale, CA</i>		City & State	
Zip <i>91201</i>	Country <i>US</i>	Zip	Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number <i>95-4621258</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name <i>NRAI SERVICES, INC.</i>	
Street Address (P.O. Box Number is Not Acceptable)	
<i>526 E. Park Ave</i>	
City <i>Tallahassee</i>	FL Zip Code <i>32301</i>

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.

9. Capital Contributions as Shown on record. <i>\$ 10.00</i>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	--

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		
DOCUMENT #	<i>F960000006217</i>	
NAME	<i>Public Storage Pickup & Delivery, Inc.</i>	STREET ADDRESS
STREET ADDRESS	<i>701 Western Ave</i>	CITY - ST - ZIP
CITY - ST - ZIP	<i>Glendale, CA 91201</i>	
DOCUMENT #		STREET ADDRESS
NAME		CITY - ST - ZIP
STREET ADDRESS		
CITY - ST - ZIP		<i>300005664203--3</i>
		<i>-06/03/02--01024--015</i>
		<i>***141.25 ***141.25</i>
		DO NOT WRITE IN THIS SPACE

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *M Roberts* *Michele Roberts* MAY 0 2 2002 (818) 244-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone