



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000001033</b> 1. Entity Name <b>MOBILE MINI, INC.</b>	
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Principal Place of Business <b>7420 SOUTH KYRENE RD. SUITE 101 TEMPE, AZ 85283</b>	Mailing Address <b>7420 SOUTH KYRENE RD. SUITE 101 TEMPE, AZ 85283</b>
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**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>86-0748362</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

1100000685413  
04/09/07-80004-018, 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP BUNGER, STEVEN G 7420 S. KYRENE RD. STE.. 101 TEMPE, AZ 852834578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD TRACHTENBERG, LAWRENCE 7420 S. KYRENE RD. STE. 101 TEMPE, AZ 85283
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEELEY, DEBORAH K 7420 S. KYRENE RD. STE 101 TEMPE, AZ 852834578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARUSIAK, RONALD J 7420 S. KYRENE RD. STE. 101 TEMPE, AZ 85281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Deborah K. Keeley **3-26-07** **480-894-6311**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #