


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90037 050 ***550.00

DOCUMENT # F00000001507	
1. Entity Name EXTRA SPACE MANAGEMENT, INC.	

Principal Place of Business 2795 EAST COTTONWOOD PARKWAY, #400 SALT LAKE CITY, UT 84121	Mailing Address 2795 EAST COTTONWOOD PARKWAY, #400 SALT LAKE CITY, UT 84121
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20062801



07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 87-0405300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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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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 \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTENSEN, KENT W 2795 EAST COTTONWOOD PARKWAY, #400 SALT LAKE CITY, UT 84121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, CHARLES L 2795 EAST COTTONWOOD PARKWAY, #400 SALT LAKE CITY, UT 84121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RASMUSSEN, DAVID L 2795 E COTTONWOOD PARKWAY #400 SALT LAKE CITY, UT 84121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RASMUSSEN, DAVID L 2795 EAST COTTONWOOD PARKWAY, #400 SALT LAKE CITY, UT 84121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WOOLLEY, KENNETH M 2795 EAST COTTONWOOD PARKWAY, #400 SALT LAKE CITY, UT 84121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kent W Christensen* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____