

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F96000006217 (1)**

1. Corporation Name  
**PUBLIC STORAGE PICKUP & DELIVERY, INC.**



Principal Place of Business: **701 WESTERN AVENUE, STE 200 GLENDALE CA 91201-2349**  
 Mailing Address: **701 WESTERN AVENUE, STE 200 GLENDALE CA 91201-2349**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26	Dept PT	11/27/1996	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		95-4594912	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
		91201-5025	Los Angeles	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HUGHES, B W			1.2 NAME			
STREET ADDRESS	701 WESTERN AVE., STE 200			1.3 STREET ADDRESS			
CITY-ST-ZIP	GLENDALE CA			1.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HAYNER JR, RONALD L			2.2 NAME	E. John Reyes		
STREET ADDRESS	701 WESTERN AVE., STE 200			2.3 STREET ADDRESS			
CITY-ST-ZIP	GLENDALE CA			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GROSSMAN, ALAN			3.2 NAME			
STREET ADDRESS	701 WESTERN AVE., STE 200			3.3 STREET ADDRESS			
CITY-ST-ZIP	GLENDALE CA			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LOTZ, MARVIN M			4.2 NAME			
STREET ADDRESS	701 WESTERN AVE., STE 200			4.3 STREET ADDRESS			
CITY-ST-ZIP	GLENDALE CA			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WEBSTER, JILL L			5.2 NAME			
STREET ADDRESS	701 WESTERN AVE., STE 200			5.3 STREET ADDRESS			
CITY-ST-ZIP	GLENDALE CA			5.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SINGELYN, DAVID P			6.2 NAME			
STREET ADDRESS	701 WESTERN AVE., STE 200			6.3 STREET ADDRESS			
CITY-ST-ZIP	GLENDALE CA			6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4-16-97 DAYTIME PHONE: (818) 244-8080

CR2E034 (9/96)

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