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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90006 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000006217
 1. Corporation Name
PUBLIC STORAGE PICKUP & DELIVERY, INC.



Principal Place of Business
 701 WESTERN AVENUE, STE 200
 GLENDALE CA 91201-2349

Mailing Address
 P.O. BOX 25025
 GLENDALE CA 91201-5025
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

3. Date Incorporated or Qualified
 11/27/1996

4. FEI Number
 95-4594912

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
 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 submit 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	REYES, JOHN	
STREET ADDRESS	701 WESTERN AVENUE	
CITY-ST-ZIP	GLENDALE CA	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HAWNER JR, RONALD L	
STREET ADDRESS	REYES, JOHN E.	
CITY-ST-ZIP	GLENDALE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GROSSMAN, ALAN	
STREET ADDRESS	701 WESTERN AVE., STE 200	
CITY-ST-ZIP	GLENDALE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOTZ, MARVIN M	
STREET ADDRESS	701 WESTERN AVE., STE 200	
CITY-ST-ZIP	GLENDALE CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WEBSTER, JILL L	
STREET ADDRESS	701 WESTERN AVE., STE 200	
CITY-ST-ZIP	GLENDALE CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SINGELYN, DAVID P	
STREET ADDRESS	701 WESTERN AVE., STE 200	
CITY-ST-ZIP	GLENDALE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hughes, B. WAYNE	
2.3 STREET ADDRESS	701 WESTERN AVE	
2.4 CITY-ST-ZIP	GLENDALE, CA 91201	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	OBREN B. GERICH	
5.3 STREET ADDRESS	701 WESTERN AVE.	
5.4 CITY-ST-ZIP	GLENDALE, CA 91201	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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 1; or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OBREN B. GERICH 4-14-99 (818) 244-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)