

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90111 016 ***150.00

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DO NOT WRITE IN THIS SPACE

1. Entity 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 91221-5025 US
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2. Principal Place of Business 701 Western Avenue Suite, Apt. #, etc.	3. Mailing Address 701 Western Avenue Suite, Apt. #, etc.
City & State Glendale, CA	City & State Glendale, CA

4. FEI Number 95-4594912	Applied For Not Applicable
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Zip 91201-2349	Country USA	Zip 91201-2349	Country USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent

Name	City	Zip Code
Street Address (P.O. Box Number is Not Acceptable)	FL	

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. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO REYES, JOHN 701 WESTERN AVENUE GLENDALE CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, WAYNE B 701 WESTERN AVE GLENDALE CA 91201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROSSMAN, ALAN 701 WESTERN AVE., STE 200 GLENDALE CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOTZ, MARVIN M 701 WESTERN AVE., STE 200 GLENDALE CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GERICH, OBREN 701 WESTERN AVE., STE 200 GLENDALE CA 91201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SINGELYN, DAVID P 701 WESTERN AVE., STE 200 GLENDALE CA	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/S Glendale, CA 91201-2349	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	701 Western Avenue Glendale, CA 91201-2349	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Martin, Steve 701 Western Avenue Glendale, CA 91201-2349	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Móffitt, Michele 701 Western Avenue Glendale, CA 91201-2349	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS Gerich, Obren B. 701 Western Avenue Glendale, CA 91201-2349	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Lenking, Harvey 701 Western Avenue Glendale, CA 91201-2349	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Moffitt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 27 2000 (818) 244-8080
 Date Daytime Phone #

CR2E034 (9/99)