

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91740 019 \*\*\*150.00

DOCUMENT # F9600000 6217

1. Entity Name

Public Storage Pickup & Delivery, Inc.

**DO NOT WRITE IN THIS SPACE**

96008

2. Principal Place of Business

701 Western Ave  
Suite, Apt. #, etc. 2nd. Flr.

3. Mailing Address

Same.

DO NOT WRITE IN THIS SPACE

City & State

Glendale, CA

City & State

4. FEI Number

95-4594912

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

NRAE Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

5216 F. Park Ave

City Tallahassee

FL

Zip Code

32301

**DO NOT WRITE  
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.

SIGNATURE

C. Baclet  
Signature, typed or printed name of registered agent and title, if applicable.

Charles Baclet, Vice President

June 20, 2002

DATE

(NOTE: Registered Agent signature required when re-registering)

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

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$6125  
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 CFO  
NAME John Ryles  
STREET ADDRESS 701 Western Ave  
CITY - ST - ZIP Glendale, CA 91201

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE PD  
NAME B. Wayne Hughes  
STREET ADDRESS 701 Western Ave  
CITY - ST - ZIP Glendale, CA 91201

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE VP  
NAME Michael Roberts  
STREET ADDRESS 701 Western Ave  
CITY - ST - ZIP Glendale, CA 91201

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE VP  
NAME Marrin Letz  
STREET ADDRESS 701 Western Ave  
CITY - ST - ZIP Glendale, CA 91201

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE AS  
NAME David P. Singelyn  
STREET ADDRESS 701 Western Ave  
CITY - ST - ZIP Glendale, CA 91201

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

(818) 244-8060

SIGNATURE: M. Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

System: Form 2