

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90292 018 ***150.00

DOCUMENT # F96000006217

1. Entity Name
PUBLIC STORAGE PICKUP & DELIVERY, INC.



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

Mailing Address
**701 WESTERN AVENUE,
 GLENDALE, CA 91201-2349 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04162004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
95-4594912

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 E PARK AVE
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO	<input type="checkbox"/> Delete
NAME	REYES, JOHN	
STREET ADDRESS	701 WESTERN AVENUE	
CITY-ST-ZIP	GLENDALE, CA 91201	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAURERET, RONALD	
STREET ADDRESS	701 WOSHERN AVE	
CITY-ST-ZIP	GLENDALE, CA 91201	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, MICHELE	
STREET ADDRESS	701 WESTERN AVE	
CITY-ST-ZIP	GLENDALE, CA 91201	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LOTZ, MARVIN M	
STREET ADDRESS	701 WESTERN AVE., STE 200	
CITY-ST-ZIP	GLENDALE, CA	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SINGELYN, DAVID P	
STREET ADDRESS	701 WESTERN AVE	
CITY-ST-ZIP	GLENDALE, CA 91201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey Lenkin	
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Drew Adams	
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald L. Hanner Jr.	
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Goldberg	
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Drew Adams Drew Adams 4/20/2004 818-244-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #