FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS G65641 DOCUMENT # (4) CONTROL STORAGE, INC. Principal Place of Business Mailing Address 1800 SECOND ST. SUITE 900 1800 SECOND ST. SUITE 900 SARASOTA FL 34236 SARASOTA FL 34236 3. Date Incorporated or Qualified 3a. Date of Last Report 10/19/1983 07/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2343480 1999 Lincoln Drive 6720 S Tamiami Trail Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required #202 City & State City & State 6. Election Campaign Financing \$5.00 May Be Sarasota, FL Trust Fund Contribution Sarasota FL Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s 199.032, 34231 ÚSA 25 34236 29 USA 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Christopher J. Coffin Street Address (P.O. Box Number is Not Acceptable) COFFIN, CHRISTOPHER J 82 1800 2ND STREET 1999 Lincoln Dr STE - 900 83 Suite 202 SARASOTA FL 34236 84 City 85 Zip Code 11. Pursuant to the provisions of Section or registered agent, or both in the familiar with, and accept the obligy of Florida. Statutes SIGNATURE Signature, typed or ed Agent signature required when reinstating) (12/95)OFFICE RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 TITLE DELETE 1. 1 THEE Change Addition COFFIN, CHRISTOPHER J. NAME 1.2 NAME CR2E034 1800 2ND ST. #900 1999 Lincoln Dr, Suite 202 STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34236 Sarasota, FLCITY-\$1-ZIP 1.4 CITY - \$1 - 7IP TITLE DELETE 2 1 111LE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 C(TY-\$1-7)P TITLE DELETE 3 1 THE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - S1 - ZIF TITLE ☐ DELETE 4.1 IIII F Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1) Y - ST - 7(P) DELETE TITLE 5. 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; that I am an officer or creciting of the comporation 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. Chapter 607, Florida Statutes; and that my name

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytinie Priorie #

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TITLE

SIGNATURE: