

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32353 (5)

1. Corporation Name

PUBLIC STORAGE PROPERTIES IX, INC.

Principal Place of Business

600 N BRAND BLVD. SUITE 300
GLENDALE CA 91203

Mailing Address

600 N BRAND BLVD. SUITE 300
GLENDALE CA 91203

DO NOT WRITE IN THIS SPACE.

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/02/1991 | 3a. Date of Last Report 04/14/1994 |
| 4. FEI Number 95-4300878 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|---------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 25 Country | 30 Country |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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 re-registering)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------------|
| TITLE | CO |
| NAME | HUGHES, B. WAYNE |
| STREET ADDRESS | 600 N BRAND BLVD #300 |
| CITY - ST - ZIP | GLENDALE CA |
| TITLE | P |
| NAME | LENKIN, HARVEY |
| STREET ADDRESS | 600 N BRAND BLVD #300 |
| CITY - ST - ZIP | GLENDALE CA |
| TITLE | VST |
| NAME | GERICH, OBREN G. |
| STREET ADDRESS | 600 N BRAND BLVD #300 |
| CITY - ST - ZIP | GLENDALE CA |
| TITLE | VCS |
| NAME | HAVNER, RONALD L., JR. |
| STREET ADDRESS | 600 N BRAND BLVD #300 |
| CITY - ST - ZIP | GLENDALE CA |
| TITLE | D |
| NAME | CURTIS, VERN O. |
| STREET ADDRESS | 4111 STILLWATER DRIVE |
| CITY - ST - ZIP | HUNTINGTON BCH CA |
| TITLE | D |
| NAME | STEELE, JACK D. |
| STREET ADDRESS | 1625 MICHAEL LANE |
| CITY - ST - ZIP | PACIFIC PALISADES 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 12 or Block 13 hereof, and, on an appointment with an address.

SIGNATURE: *Obren B. Gerich* **Obren B. Gerich** 4-20-95 (818)244-8080
Signature and typed or printed name of signing officer or director Date (Typed Name)