

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P32355 (0)

1. Corporation Name

PUBLIC STORAGE PROPERTIES X, INC.



Principal Place of Business

Mailing Address

600 N BRAND BLVD
SUITE 300
GLENDALE CA 91203

600 N BRAND BLVD
SUITE 300
GLENDALE CA 91203

3. Date Incorporated or Qualified
01/02/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **701 S. Western Ave**

26 **PO Box 25025**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 Dept **PT**

23 **Glendale CA**

28 **Glendale CA**

Zip

Country

Zip

Country

24 **91201**

25 **Los Angeles**

29 **91201-5025**

30 **Los Angeles**

4. FEI Number
95-4300880

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

**100001798711
-04/29/96--01046--014**

84 City

*****200.00**

FL

85 Zip Code

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD <input type="checkbox"/> DELETE
NAME	HUGHES, B. WAYNE
STREET ADDRESS	600 N BRAND BLVD #300
CITY-ST-ZIP	GLENDALE CA
TITLE	P <input type="checkbox"/> DELETE
NAME	LENKIN, HARVEY
STREET ADDRESS	600 N BRAND BLVD #300
CITY-ST-ZIP	GLENDALE CA
TITLE	VST <input type="checkbox"/> DELETE
NAME	GERICH, OBREN B.
STREET ADDRESS	600 N BRAND BLVD #300
CITY-ST-ZIP	GLENDALE CA
TITLE	VCS <input type="checkbox"/> DELETE
NAME	HAVNER, RONALD L., JR.
STREET ADDRESS	600 N BRAND BLVD #300
CITY-ST-ZIP	GLENDALE CA
TITLE	D <input type="checkbox"/> DELETE
NAME	CURTIS, VERN O.
STREET ADDRESS	4111 STILLWATER DR
CITY-ST-ZIP	HUNTINGTON BCH CA
TITLE	D <input type="checkbox"/> DELETE
NAME	STEELE, JACK D.
STREET ADDRESS	1625 MICHAEL LN
CITY-ST-ZIP	PACIFIC PALISADES CA

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	701 S. Western Ave
1.4 CITY-ST-ZIP	Glendale CA 91201
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	701 S. Western Ave
2.4 CITY-ST-ZIP	Glendale CA 91201
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	701 S. Western Ave
3.4 CITY-ST-ZIP	Glendale CA 91201
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	701 S. Western Ave
4.4 CITY-ST-ZIP	Glendale CA 91201
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	15213 NW Francesca
5.4 CITY-ST-ZIP	Portland OR 97229
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 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 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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96
Date

(818) 244-8000
Daytime Phone #

CR2E034 (12/95)