

**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 # P36663 (3)**

1. Corporation Name  
**PUBLIC STORAGE PROPERTIES XIX, INC.**



Principal Place of Business: **600 N BRAND BLVD. SUITE 300 GLENDALE CA 91203-1241**  
Mailing Address: **600 N BRAND BLVD. SUITE 300 GLENDALE CA 91203-1241**

3. Date Incorporated or Qualified: **12/12/1991**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 701 S. Western Ave**  
Suite, Apt. #, etc.:  
City & State: **22 Glendale CA**  
Zip: **24 91201**  
Country: **25 Los Angeles**  
2a. Mailing Address: **26 PO Box 25025**  
Suite, Apt. #, etc.:  
City & State: **27 Dept PT Glendale CA**  
Zip: **29 91201-5025**  
Country: **30 Los Angeles**

4. FEI Number: **95-4325981**  
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**

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

**10. Name and Address of New Registered Agent**

81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable): **300001798713**  
83: **-04/29/96--01046--016**  
84 City: **\*\*\*200.00**  
85 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**

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

(NOTE: Registered Agent signature required when reinstating)

STATE

**12. OFFICERS AND DIRECTORS**

DELETE

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE:  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS: **701 S. Western Ave**  
1.4 CITY-ST-ZIP: **Glendale CA 91201**  
2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS: **701 S. Western Ave**  
2.4 CITY-ST-ZIP: **Glendale CA 91201**  
3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS: **701 S. Western Ave**  
3.4 CITY-ST-ZIP: **Glendale CA 91201**  
4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS: **701 S. Western Ave**  
4.4 CITY-ST-ZIP: **Glendale CA 91201**  
5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS: **15213 NW Francesca**  
5.4 CITY-ST-ZIP: **Portland OR 97229**  
6.1 TITLE:  Change  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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-96**  
Date

**(818)244-8080**  
Daytime Phone #

CR2E034 (12/95)