

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005436

**Entity Name:** SHURGARD STORAGE CENTERS, LLC

**Current Principal Place of Business:**

701 WESTERN AVE.  
GLENDALE, CA 91201

**Current Mailing Address:**

701 WESTERN AVE.  
GLENDALE, CA 91201

**FEI Number:** 20-4669829

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title SECRETARY  
Name HUGHES, LILY Y  
Address 701 WESTERN AVE.  
City-State-Zip: GLENDALE CA 91201

Title TREASURER, DIRECTOR, ASST. SECRETARY  
Name ADAMS, DREW  
Address 701 WESTERN AVENUE  
City-State-Zip: GLENDALE CA 91201

Title PRESIDENT, DIRECTOR  
Name ANDREWS, TODD  
Address 701 WESTERN AVE.  
City-State-Zip: GLENDALE CA 91201

Title ASST. SECRETARY  
Name KAO, JOHN  
Address 701 WESTERN AVE.  
City-State-Zip: GLENDALE CA 91201

Title SENIOR VICE PRESIDENT  
Name DOLL, DAVID F  
Address 701 WESTERN AVE.  
City-State-Zip: GLENDALE CA 91201

Title VP  
Name LINDER, SHARON  
Address 701 WESTERN AVE.  
City-State-Zip: GLENDALE CA 91201

Title VP  
Name HABERMAN, GERARD E  
Address 701 WESTERN AVE.  
City-State-Zip: GLENDALE CA 91201

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DREW ADAMS

**TREASURER**

**01/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date