

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000001792

**Entity Name:** EVEREST STORAGE MANAGER II, LLC

**Current Principal Place of Business:**

199 SOUTH LOS ROBLES AVE., #200  
PASADENA, CA 91101

**Current Mailing Address:**

199 SOUTH LOS ROBLES AVE., #200  
PASADENA, CA 91101 US

**FEI Number:** 95-4763728

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MGR  
Name EVEREST STORAGE HOLDINGS, LLC  
Address 199 SOUTH LOS ROBLES AVE., #200  
City-State-Zip: PASADENA CA 91101

Title CHAIRMAN, CEO  
Name KOHORST, W. ROBERT  
Address 199 SOUTH LOS ROBLES AVE., #200  
City-State-Zip: PASADENA CA 91101

Title PRESIDENT, COO  
Name TERRY, NANCY  
Address 199 SOUTH LOS ROBLES AVE., #200  
City-State-Zip: PASADENA CA 91101

Title EVP, SECRETARY  
Name LESSER, DAVID I.  
Address 199 SOUTH LOS ROBLES AVE., #200  
City-State-Zip: PASADENA CA 91101

Title SVP, GC  
Name DAVIS, CHRISTOPHER K.  
Address 199 SOUTH LOS ROBLES AVE., #200  
City-State-Zip: PASADENA CA 91101

Title SVP, CFO  
Name WILKINSON, PETER J.  
Address 199 SOUTH LOS ROBLES AVE., #200  
City-State-Zip: PASADENA CA 91101

*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:** CHRISTOPHER K. DAVIS

SVP

03/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date