

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000001510

**Entity Name:** EVEREST STORAGE II, LLC**Current Principal Place of Business:**199 S. LOS ROBLES AVE.  
SUITE 200  
PASADENA, CA 91101**Current Mailing Address:**199 S. LOS ROBLES AVE.  
SUITE 200  
PASADENA, CA 91101**FEI Number:** 95-4737208**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 MANAGER II, LLC
Address	199 S LOS ROBLES AVE., SUITE 200
City-State-Zip:	PASADENA CA 91101

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

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

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

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

Title	SVP, CFO
Name	WILKINSON, PETER J.
Address	199 S. LOS ROBLES AVE. SUITE 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

01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date