

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000005244

**Entity Name:** STORAGE SYSTEMS UNLIMITED, INC.

**Current Principal Place of Business:**

3343 ASPEN GROVE DR, SUITE 290  
FRANKLIN, TN 37067

**Current Mailing Address:**

PO BOX 369  
FRANKLIN, TN 37065

**FEI Number: 62-1690666**

**Certificate of Status Desired: No**

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

NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title P  
Name KREAGER, WILLIAM F  
Address 3343 ASPEN GROVE DR, SUITE 290  
City-State-Zip: FRANKLIN TN 37067

Title SECRETARY  
Name KREAGER, KAREN  
Address 3343 ASPEN GROVE DRIVE  
SUITE 290  
City-State-Zip: FRANKLIN TN 37067

Title BOD  
Name ADKINS, CATHERINE  
Address 3343 ASPEN GROVE DR, SUITE 290  
City-State-Zip: FRANKLIN TN 37067

Title BOD  
Name KREAGER, STEVEN  
Address 3343 ASPEN GROVE DR, SUITE 290  
City-State-Zip: FRANKLIN TN 37067

*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KAREN KREAGER**

**SECRETARY**

**04/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date