

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000849

**FILED**  
**Apr 25, 2019**  
**Secretary of State**  
**5110290529CC**

**Entity Name:** QTS REALTY TRUST, INC.

**Current Principal Place of Business:**

12851 FOSTER STREET  
OVERLAND PARK, KS 66213

**Current Mailing Address:**

12851 FOSTER STREET  
OVERLAND PARK, KS 66213

**FEI Number:** 46-2809094

**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

**Officer/Director Detail :**

Title           PRESIDENT AND CHIEF EXECUTIVE OFFICER  
Name           WILLIAMS, CHAD L  
Address        12851 FOSTER STREET  
City-State-Zip: OVERLAND PARK KS 66213

Title           SECRETARY, GENERAL COUNSEL  
Name           GOZA, SHIRLEY  
Address        12851 FOSTER STREET  
City-State-Zip: OVERLAND PARK KS 66213

Title           CHIEF PEOPLE OFFICER  
Name           BLOOM, STEVEN  
Address        12851 FOSTER STREET  
City-State-Zip: OVERLAND PARK KS 66213

Title           CHIEF TECHNOLOGY OFFICER  
Name           GREAVES, JON  
Address        12851 FOSTER STREET  
City-State-Zip: OVERLAND PARK KS 66213

Title           DIRECTOR  
Name           MILLER, SCOTT  
Address        315 EAST HOPKINS AVE  
City-State-Zip: ASPEN CO 81611

Title           DIRECTOR  
Name           BARTER, JOHN  
Address        44 RIVER MARSH LANE  
City-State-Zip: KIAWAH ISLAND SC 29455

Title           DIRECTOR  
Name           TRAHANAS, PHILIP  
Address        63 WESSKUM WOOD RD  
City-State-Zip: RIVERSIDE CT 06878

Title           DIRECTOR  
Name           MARINO, PETER  
Address        1443 HARVEST CROSSING DRIVE  
City-State-Zip: MCLEAN VA 22101

**Continues on page 2**

*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:** SHIRLEY GOZA

**GENERAL COUNSEL &  
SECRETARY**

**04/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GRABE, WILLIAM O.  
Address 5099 JOEWOOD DRIVE  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name KINNEY, CATHERINE  
Address PO BOX 661  
City-State-Zip: BRIDGEHAMPTON NY 11932

Title COO  
Name ROBEY, DAVID  
Address 12851 FOSTER STREET  
City-State-Zip: OVERLAND PARK KS 66213

Title DIRECTOR  
Name REHBERGER, WAYNE  
Address 1820 ELGIN DRIVE  
City-State-Zip: VIENNA VA 22182

Title DIRECTOR  
Name WESTHEAD, STEPHEN E  
Address 49 NE SHOREVIEW DRIVE  
City-State-Zip: LEE'S SUMMIT MO 64064

Title CHIEF FINANCIAL OFFICER AND  
TREASURER  
Name BERSON, JEFFREY H  
Address 12851 FOSTER STREET  
City-State-Zip: OVERLAND PARK KS 66213

Title DIRECTOR  
Name AL-RAWASHDEH, MAZEN  
Address 6686 TIFFANY COMMONS  
City-State-Zip: LIVERMORE CA 94511