

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000849

**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 CHIEF PEOPLE OFFICER  
Name BLOOM, STEVEN  
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 TRAHANAS, PHILIP  
Address 63 WESSKUM WOOD RD  
City-State-Zip: RIVERSIDE CT 06878

Title SECRETARY, GENERAL COUNSEL  
Name GOZA, SHIRLEY  
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 BARTER, JOHN  
Address 44 RIVER MARSH LANE  
City-State-Zip: KIAWAH ISLAND SC 29455

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