

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 28 1996 8:00 am  
Secretary of State

DOCUMENT # 850308 (8)

1. Corporation Name

STORAGE EQUITIES, INC.  
Public Storage, Inc.

nc 12/18/95



Principal Place of Business

Mailing Address

600 N BRAND BLVD. SUITE 300  
GLENDALE CA 91203

600 N BRAND BLVD. SUITE 300  
GLENDALE CA 91203

3. Date Incorporated or Qualified

09/08/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 701 S. Western Ave.

26 PO Box 25025

4. FEI Number

95-3551121

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Glendale CA

28 Glendale CA

24 Zip Country

29 Zip Country

91201

25 Los Angeles

91201-502530

Los Angeles

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

000001798710  
-04/29/96--01046--013

83

\*\*\*200.00

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
C	HUGHES, B. WAYNE	600 N BRAND BLVD #300	GLENDALE CA	<input type="checkbox"/>
P	LENKIN, HARVEY	600 N BRAND BLVD #300	GLENDALE CA	<input type="checkbox"/>
V	HORNE, HUGH W	600 N BRAND BLVD #300	GLENDALE CA	<input type="checkbox"/>
S	HASS, SARAH	600 N BRAND BLVD #300	GLENDALE CA	<input type="checkbox"/>
VST	HAWNER, RONALD L, JR	600 N BRAND BLVD #300	GLENDALE CA	<input type="checkbox"/>
VAS	GERICH, OBREN B	600 N BRAND BLVD #300	GLENDALE CA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		701 S. Western Ave	Glendale CA 91201	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		701 S. Western Ave	Glendale CA 91201	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		701 S. Western Ave	Glendale CA 91201	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		701 S. Western Ave	Glendale CA 91201	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		701 S. Western Ave.	Glendale CA 91201	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		701 S. Western Ave.	Glendale CA 91201	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

4-11-96

Date

(818) 244-8080

Daytime Phone #

CR2E034 (12/95)