

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850308 (8)

1. Corporation Name
PUBLIC STORAGE, INC.



Principal Place of Business 701 S. WESTERN AVE. GLENDALE CA 91201	Mailing Address P.O. BOX 25025 DEPT PT GLENDALE CA 91221-5025
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3. Date Incorporated or Qualified 09/08/1981	3a. Date of Last Report 04/28/1996
4. FEI Number 95-3551121	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 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: _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	HUGHES, WAYNE B
STREET ADDRESS	701 WESTERN AVE.
CITY-ST-ZIP	GLENDALE CA 91201
TITLE	P <input type="checkbox"/> DELETE
NAME	LENKIN, HARVEY
STREET ADDRESS	701 WESTERN AVE.
CITY-ST-ZIP	GLENDALE CA 91201
TITLE	V <input type="checkbox"/> DELETE
NAME	HORNE, HUGH W
STREET ADDRESS	701 WESTERN AVE.
CITY-ST-ZIP	GLENDALE CA 91201
TITLE	S <input type="checkbox"/> DELETE
NAME	HASS, SARAH
STREET ADDRESS	701 WESTERN AVE.
CITY-ST-ZIP	GLENDALE CA 91201
TITLE	VST <input type="checkbox"/> DELETE
NAME	HAVNER, RONALD L JR
STREET ADDRESS	701 WESTERN AVE.
CITY-ST-ZIP	GLENDALE CA 91201
TITLE	VAS <input type="checkbox"/> DELETE
NAME	GERICH, OBREN D
STREET ADDRESS	701 WESTERN AVE.
CITY-ST-ZIP	GLENDALE CA 91201

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: **4-16-97** (818) 244-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)