

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850308

1. Entity Name

PUBLIC STORAGE, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90111 015 ***150.00

Principal Place of Business

701 S. WESTERN AVE.
GLENDALE CA 91201

Mailing Address

P.O. BOX 25025
DEPT PT
GLENDALE CA 91221-5025

2. Principal Place of Business

701 Western Avenue

Suite, Apt. #, etc.

3. Mailing Address

701 Western Avenue

Suite, Apt. #, etc.

City & State

Glendale, CA

City & State

Glendale, CA

4. FEI Number

95-3551121

Applied For

Not Applicable

Zip 91201-2349

Country USA

Zip 91201-2349

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	HUGHES, WAYNE B	
STREET ADDRESS	701 S. WESTERN AVE.	
CITY-ST-ZIP	GLENDALE CA 91201	
TITLE	P	<input type="checkbox"/> Delete
NAME	LENKIN, HARVEY	
STREET ADDRESS	701 S. WESTERN AVE.	
CITY-ST-ZIP	GLENDALE CA 91201	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PHELPS, CARL B	
STREET ADDRESS	701 WESTERN AVENUE	
CITY-ST-ZIP	GLENDALE CA 91201	
TITLE	S	<input type="checkbox"/> Delete
NAME	HASS, SARAH	
STREET ADDRESS	701 S. WESTERN AVE.	
CITY-ST-ZIP	GLENDALE CA 91201	
TITLE	VST	<input type="checkbox"/> Delete
NAME	REYES, JOHN	
STREET ADDRESS	701 S. WESTERN AVE.	
CITY-ST-ZIP	GLENDALE CA	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	GERICH, OBREN D	
STREET ADDRESS	701 S. WESTERN AVE.	
CITY-ST-ZIP	GLENDALE CA 91201	

TITLE	CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hughes, B. Wayne	
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201-2349	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201-2349	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moffitt, Michele	
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201-2349	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201-2349	
TITLE	SV/AS/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201-2349	
TITLE	SV/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerich, Obren B.	
STREET ADDRESS	701 Western Avenue	
CITY-ST-ZIP	Glendale, CA 91201-2349	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 27 2000 (818) 244-8080

Date

Daytime Phone #

CR2E034 (9/99)