

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2000 90111 015 ***150.00

DOCUMENT # 850308

1. Entity 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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2. Principal Place of Business 701 Western Avenue Suite, Apt. #, etc.	3. Mailing Address 701 Western Avenue Suite, Apt. #, etc.
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City & State Glendale, CA	City & State Glendale, CA	4. FEI Number 95-3551121	Applied For <input type="checkbox"/> Not Applicable
Zip 91201-2349	Country USA	Zip 91201-2349	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HUGHES, WAYNE B 701 S. WESTERN AVE. GLENDALE CA 91201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Hughes, B. Wayne 701 Western Avenue Glendale, CA 91201-2349 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LENKIN, HARVEY 701 S. WESTERN AVE. GLENDALE CA 91201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 701 Western Avenue Glendale, CA 91201-2349 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHELPS, CARL B 701 WESTERN AVENUE GLENDALE CA 91201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Moffitt, Michele 701 Western Avenue Glendale, CA 91201-2349 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HASS, SARAH 701 S. WESTERN AVE. GLENDALE CA 91201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S 701 Western Avenue Glendale, CA 91201-2349 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST REYES, JOHN 701 S. WESTERN AVE. GLENDALE CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/AS/CFO 701 Western Avenue Glendale, CA 91201-2349 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS GERICH, OBREN D 701 S. WESTERN AVE. GLENDALE CA 91201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/AS Gerich, Obren B. 701 Western Avenue Glendale, CA 91201-2349 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michele Moffitt* **APR 27 2000 (818) 244-8080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)