

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90305 005 ***150.00

DOCUMENT # 850308

1. Entity Name

PUBLIC STORAGE, INC.

Principal Place of Business

701 S. WESTERN AVE.
 GLENDALE CA 91201-2349

Mailing Address

701 S. WESTERN AVE.
 GLENDALE CA 91201-2349

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-3551121**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

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, 2001 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 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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELE MOFFITT	
STREET ADDRESS	701 S. WESTERN AVE.	
CITY-ST-ZIP	GLENDALE, CA 91201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *M Michele Moffitt*

MICHELE MOFFITT

MAR 30 2001

(818) 244-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)