

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91740 018 ***150.00

DOCUMENT # 050308

1. Entity Name

Public Storage Inc.

DO NOT WRITE IN THIS SPACE

96036

2. Principal Place of Business

701 Western Ave

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Glendale, CA

City & State

4. FEI Number

05-3551121

Applied For

Not Applicable

Zip *91201-2349*

Country *US*

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 E. Park Ave.

City

Tallahassee

FL

Zip Code

32301

DO NOT WRITE IN THIS SPACE

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

C. Baclot

Charles Baclot, Vice President

June 20, 2002

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)

January 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.26

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

TITLE	<i>C</i>
NAME	<i>B. WAYNE HUGHES</i>
STREET ADDRESS	<i>701 Western Ave</i>
CITY-ST-ZIP	<i>Glendale, CA 91201-2349</i>
TITLE	<i>P</i>
NAME	<i>Harvey Luntin</i>
STREET ADDRESS	<i>701 Western Ave.</i>
CITY-ST-ZIP	<i>Glendale, CA 91201-2349</i>
TITLE	<i>Carl B. Phelps</i>
NAME	<i>Carl B. Phelps</i>
STREET ADDRESS	<i>701 Western Ave</i>
CITY-ST-ZIP	<i>Glendale, CA 91201-2349</i>
TITLE	<i>S</i>
NAME	<i>David GOLDBERG</i>
STREET ADDRESS	<i>701 Western Ave</i>
CITY-ST-ZIP	<i>Glendale, CA 91201-2349</i>
TITLE	<i>M</i>
NAME	<i>Michelle Roberts</i>
STREET ADDRESS	<i>701 Western Ave</i>
CITY-ST-ZIP	<i>Glendale, CA 91201-2349</i>
TITLE	<i>VST</i>
NAME	<i>John Rues</i>
STREET ADDRESS	<i>701 Western Ave</i>
CITY-ST-ZIP	<i>Glendale, CA 91201</i>

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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

M Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle Roberts

5-3-02

DATE

(610) 244-8000

OPTIONAL PHONE #