2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000029

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -2 PM 12:46

1. Entity Name
SUSA PARTNERSHIP, LIMITED

Principal Place of Business	Mailing Address
10440 LITTLE PATUXENT PARKWAY SUITE 1100 COLUMBIA MD 21044	10440 LITTLE PATUXENT PARKWAY SUITE 1100 COLUMBIA MD 21044

2. Principal Place of Business		3. Mailing Address	
10440 LITTLE PATUXENT PKWY		10440 LITTLE PATUXENT PKWY	
Suite, Apt. #, etc. SUITE 700		Suite, Apt. #, etc. SUITE 700	
City & State COLUMBIA, MD		City & State COLUMBIA, MD	
Zip 21044	Country USA	Zip 21044	Country USA

DUE BY MAY 1, 2002

4. FEI Number 62-1554135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. Capital Contributions as Shown on record. $0.00

10. Amount of Capital Contributions in FLORIDA to date. 0.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P09858	STREET ADDRESS	
NAME	STORAGE USA, INC.		
STREET ADDRESS	10440 LITTLE PATUXENT PKWY.		
CITY-ST-ZIP	COLUMBIA MD 21044	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (9/01)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Donna Buck REQUIRED DONNA BUCK 4/25/2002 410-884-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date