

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000001086

1. Entity Name  
CAPITOL SELF STORAGE, INC.



Principal Place of Business  
201 NORTH ILLINOIS, SUITE 2300  
INDIANAPOLIS, IN 46204-1950

Mailing Address  
201 NORTH ILLINOIS, SUITE 2300  
INDIANAPOLIS, IN 46204-1950



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number  
35-2102483

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinsaling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000272744  
03/22/05-80016-011 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
BROADBENT, GEORGE P  
201 NORTH ILLINOIS, SUITE 2300  
INDIANAPOLIS, IN 462041950

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
BRADLEY, JOYCE A  
201 NORTH ILLINOIS, SUITE 2300  
INDIANAPOLIS, IN 462041950

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce A. Bradley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joyce A. Bradley*  
Asst. Sec.

Date 3/10/05

Daytime Phone # 617 237-2900