


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90028 014 \*\*\*150.00

<b>DOCUMENT # F00000001086</b>	
1. Entity Name <b>CAPITOL SELF STORAGE, INC.</b>	

Principal Place of Business <b>201 NORTH ILLINOIS, SUITE 2300 INDIANAPOLIS, IN 46204-1950</b>	Mailing Address <b>201 NORTH ILLINOIS, SUITE 2300 INDIANAPOLIS, IN 46204-1950</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State	3. Mailing Address <b>117 E. WASHINGTON STREET</b>  Suite, Apt. #, etc.  City & State <b>INDIANAPOLIS, IN</b>
Zip  Country	Zip <b>46204</b> Country

10000000



03042008 Chg-P CR2E034 (12/06)

4. FEI Number <b>35-2102483</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BROADBENT, GEORGE P 201 NORTH ILLINOIS, SUITE 2300 INDIANAPOLIS, IN 462041950</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>117 E. WASHINGTON STREET INDIANAPOLIS, IN 46204</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BRADLEY, JOYCE A 201 NORTH ILLINOIS, SUITE 2300 INDIANAPOLIS, IN 462041950</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>117 E. WASHINGTON STREET INDIANAPOLIS, IN 46204</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 / Joyce A. Bradley 3/12/08 (317) 237-2900  
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #