

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 28 AM 7:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F93000002674 (0)**

1. Corporation Name

STORAGE USA REALTY, INC.

Principal Place of Business

Mailing Address

10 CORPORATE CENTER, SUITE 400
COLUMBIA MD 21044

10 CORPORATE CENTER, SUITE 400
COLUMBIA MD 21044

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1993

3a. Date of Last Report

02/08/1994

4. FEI Number

52-1697256

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 6799 Great Oaks Rd.

26 6799 Great Oaks Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 207

27 Suite 207

City & State

City & State

23 Memphis, TN

28 Memphis, TN

Zip

Country

Zip

Country

24 38138

25 USA

29 38138

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature of Current Registered Agent (Print Name)

Signature of New Registered Agent (Print Name)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: CP
2. NAME: JERNIGAN, DEAN
3. STREET ADDRESS: 10 CORPORATE CENTER, SUITE 400
4. CITY, ST, ZIP: COLUMBIA MD 21044

1. TITLE: Change Addition
2. NAME: Change Addition
3. STREET ADDRESS: 6799 Great Oaks Rd., Ste. 207
4. CITY, ST, ZIP: Memphis, TN 38138

1. TITLE: VC
2. NAME: CONWAY, MICHAEL
3. STREET ADDRESS: 10 CORPORATE CENTER, SUITE 400
4. CITY, ST, ZIP: COLUMBIA MD 21044

2. NAME: Change Addition
3. STREET ADDRESS: Change Addition
4. CITY, ST, ZIP: Change Addition

1. TITLE: S
2. NAME: ERICKSON, JOHN R
3. STREET ADDRESS: 10 CORPORATE CENTER, SUITE 400
4. CITY, ST, ZIP: COLUMBIA MD 21044

3. STREET ADDRESS: Change Addition
4. CITY, ST, ZIP: Change Addition

1. TITLE: Change Addition
2. NAME: Change Addition
3. STREET ADDRESS: Change Addition
4. CITY, ST, ZIP: Change Addition

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1. TITLE: Change Addition
2. NAME: Change Addition
3. STREET ADDRESS: Change Addition
4. CITY, ST, ZIP: Change Addition

5. STREET ADDRESS: Change Addition
6. CITY, ST, ZIP: Change Addition

1. TITLE: Change Addition
2. NAME: Change Addition
3. STREET ADDRESS: Change Addition
4. CITY, ST, ZIP: Change Addition

6. CITY, ST, ZIP: Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN JERNIGAN

7-24-95

901-753-3700