

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90024 038 \*\*\*150.00

**DOCUMENT # F94000002892**

1. Entity Name

MINI STORAGE MAINTENANCE, INC.



Principal Place of Business

6745 ENGLE ROAD, SUITE 300  
SUITE 300  
MIDDLEBURG HEIGHTS OH 44130

Mailing Address

6745 ENGLE ROAD, SUITE 300  
SUITE 300  
MIDDLEBURG HEIGHTS OH 44130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1807012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete  
NAME AMSDELL, ROBERT J  
STREET ADDRESS 6745 ENGLE ROAD, SUITE 300  
CITY-ST-ZIP MIDDLEBURG HEIGHTS OH 44130

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPST ☐ Delete  
NAME AMSDELL, BARRY L  
STREET ADDRESS 6745 ENGLE ROAD, SUITE 300  
CITY-ST-ZIP MIDDLEBURG HEIGHTS OH 44130

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME BARTEL, J. CHRISTIAN  
STREET ADDRESS 6745 ENGLE ROAD SUITE 300  
CITY-ST-ZIP MIDDLEBURG HEIGHTS OH 44130

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP ☐ Delete  
NAME AMSDELL, TODD C.  
STREET ADDRESS 6745 ENGLE ROAD SUITE 300  
CITY-ST-ZIP MIDDLEBURG HEIGHTS OH 44130

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HILL, JAMES M  
STREET ADDRESS BP AMERICA BUILDING, 200 PUBLIC SQUARE  
CITY-ST-ZIP CLEVELAND OH 44114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MARTUCCIO, FRANK  
STREET ADDRESS 6745 ENGLE ROAD, SUITE 300  
CITY-ST-ZIP MIDDLEBURG HEIGHTS OH 44130

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04

Date

440-234-0700

Daytime Phone #

J. Christian Bartel, Assistant Secretary