


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90152 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000005829					
1. Corporation Name STORAGE REALTY MANAGEMENT CO.					
Principal Place of Business 2407 RANGELINE ST. COLUMBIA MO 65202			Mailing Address 2407 RANGELINE ST. COLUMBIA MO 65202		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/10/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 43-1694345	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DULLE, STEPHEN M		1.2 NAME		
STREET ADDRESS	2407 RANGELINE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA MO 65202		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNAM, P C		2.2 NAME		
STREET ADDRESS	2407 RANGELINE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA MO 65202		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAZEL, RICHARD		3.2 NAME		
STREET ADDRESS	2407 RANGELINE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA MO 65202		3.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNAM, MICHAEL G		4.2 NAME		
STREET ADDRESS	2407 RANGELINE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA MO 65202		4.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNAM, CRISMON		5.2 NAME		
STREET ADDRESS	2407 RANGELINE ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA MO 65202		5.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOWER, KIMBERLY		6.2 NAME		
STREET ADDRESS	2407 RANGELINE ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA MO 65202		6.4 CITY-ST-ZIP		

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN DULLE

Date

2-12-99

Daytime Phone #

573-499-4799

CR2E034 (1/198)