

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90003 038 ***550.00

DOCUMENT # F95000006310

1. Corporation Name

IRON MOUNTAIN RECORDS MANAGEMENT, INC.

Principal Place of Business

745 ATLANTIC AVENUE
BOSTON MA 02111

Mailing Address

745 ATLANTIC AVENUE
BOSTON MA 02111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1995

4. FEI Number

04-3038590

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	WENDELL, DAVID S	
STREET ADDRESS	745 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DOGGETT, EUGENE B	
STREET ADDRESS	745 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WATZKE, GARRY B	
STREET ADDRESS	745 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	LAWRENCE, J.P.	
STREET ADDRESS	745 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	REESE, C.R.	
STREET ADDRESS	745 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RYAN, VINCENT J	
STREET ADDRESS	745 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John F Kenny Jr
2.3 STREET ADDRESS	745 Atlantic Avenue
2.4 CITY-ST-ZIP	Boston, Ma 02111
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

GARRY B. WATZKE

4/7/99

535-4702

CR2E034 (11/98)