

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

800001822026 -05/15/96--01068--002 \*\*\*\*\*70.00 \*\*\*\*\*70.00

Jan-10366

Florida", "Certific	Application by Foreign Corporation for Authorization at the case of Existence*, and check are submitted to report to transact business in Florida.	
	orrespondence concerning this matter to the follow	ving:
,	TERRI FISKE	
	(Name of Person)	005/24
	PUBLIC STORAGE, INC	() (i
	(Firm/Company)	SECRETAR DIVISION OF A 95 MAY 24
•	P.O. BOX 25025	A
	(Address)	24 PR
	GLENDALE, CA 91201-5025	<b>多</b>
	(City, State and Zip Code)	ED GEORGE STUDIES OF S
·		06 61100
Should you need t	to call someone concerning this matter, please call:	
MEDRY HYAVE		
TERRI FISKE	at ( <u>818</u> ) <u>244</u> - <u>8080</u> of Person) Area Code & Daytime Telephone	<u> </u>

#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Taliahassee, FL 32399

#### MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 15, 1996

TERRI FISKE PUBLIC STORAGE, INC. P.O. BOX 25025 GLENDALE, CA 91201-5025

SUBJECT: BWH MARINA CORPORATION II Ref. Number: W96000010366

We have received your document for BWH MARINA CORPORATION II and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 1 fe date first transacted business in Florida within the meaning of s. 607.1501 of 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sindt **Document Examiner** 

Letter Number: 296A00024120

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

:	BWII MAI  of corporation: mu wations of like impo mership if not so co	l		_				
(State) (	CALTFORNT/ or country under the	law of whic	h it is incorp	Orated)	95 ( FEI nu	4516880	.hd_1	
	1/23/95 (Data of Incorporate pon qualificati		<b> 5.</b>		PERPERU	/1	1016)	
	inam of incorporation	in)		(Duration	: Year corp	. Will cases to a	wine on the	
U.	pon qualificati	on				· ····· coase m (	Mat or Therp	etual?
	rat transacted busin	ess in Florid	B. (See sections	607,1501, 6	07.1502 and	417 150 2		
	600 N. BRA	ND BLVD				=17.100, F.S.)		10
	GLENDALE, (	A 91203				<del></del>		36 MA
		(Current ma	iling address	1)				KAY 24
10	INVESTMENTS Ose(s) of corporation	<u> </u>					<u>;</u>	P. G
(rup)	ose(s) of corporation	authorized	in home star	or count	TV to be cer	riad out to di-		ج د
Nam	A and smass - 4				- ,	HE DUTTE THE	tate of Florid	da) 🏯
	e and street ad	dress of f	Florida reg	istered	#gent:	•	•	SHO
_		c/o C	ORPORATION T CORPORA	Y SYSTEM	TEM	_	•	
(	Office Address: _	1200 S	OUTH PINE	ISLAND	ROAD			
						<del></del>		ĺ
	_	PLA:	NTATTON			, Florida , <u>3</u>		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

> Thomas C. Totaro Hagistered agent's signal Stant Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

**DIRECTORS B WAYNE HUGHES** Chairman: \_ 701 Western Avenue, Suite 200 Address: GLENDALE, CA 91201-2394 Vice Chairman: \_\_\_\_\_\_\_ Address: \_\_\_\_\_ Director: \_\_\_\_ Address: \_\_\_\_\_\_ Director: \_\_\_\_\_ Address: \_\_\_\_\_ . B. **OFFICERS** B WAYNE HUGHES President: \_\_\_ 701 Western Avenue, Suite 200 Address: \_\_\_\_ GLENDALE, CA 91201-2394 Vice President: \_\_\_\_\_ Address: Secretary: \_\_ Treasurer: \_\_\_\_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application) 14.

12. Names and addresses of officers and/or directors:



### **SECRETARY OF STATE**

#### CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 23rd day of January 19 95

#### BWH MARINA CORPORATION II

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

April 23, 1996

Billyones

Secretary of State

SECISTATE FORM CE-112 (REV. 9/83)

95 30089



:

ACCOUNT NO.

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT

: \$ 35.00

ORDER DATE : July 23, 1997

ORDER TIME :

10:47 AM

ORDER NO. :

473046-005

CUSTOMER NO:

5032822

700002294417--0

CUSTOMER:

Ms. Deborah Ghamlouch Public Storage, Inc.

701 Western Avenue, #200

Glendale, CA 91201

#### CHANGE OF AGENT

NAME:

HAM MARINA CORPORATION II

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Tonya C. Holliday

DIVISION OF CORPORATION

97 SEP 16 M/11: 34 RECEIVED

9/16

## Florida Department of State, Jim Smith, Secretary of State

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,

1a. The name of the corporation is:	
	A CORPORATION II
1b. Date of incorporation:	Document number SSE 5
2. The name and address of the current C T CORPORATION SYSTEM	t registered agent and office: 면도 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2:
1200 SO. PINE ISLAND DRIVE PLANT	TATION FL 33324
1201 Hays Street, Tallahassee, Florida 32301	
The street address of its registered agent of its registered agent as changed will be	t and the street address of the business office

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

CORPORATION SERVICE COMPANY VICKUSCHEIBER
SIGNATURE BY: VICKU Schieba
ASST VIÇE PRESIDENT
DATE 9/15/97