PLEASE READ ALL INSTRUCTIONS BEFORE CON FLORIDA DEPARTMENT OF STATE - APPLICATION FILED Sandra B. Mortham FOR Oct 30 1997 8:00 am Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** Secretary of State DOCUMENT # 96 000003795 1. Corporation Name Amsdell Partners, Inc. Principal Place of Business Mailing Address 6745 Engle Road, Suite 300 The Parkview Building Middleburg Heights, OH 44130 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 7/26/96 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. EEI Number Applied For City & State City & State 34-1837042 Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip 6745 Engle Road, Suite 300 The Parkview Building Middleburg Heights, OH 44130 6745 Engle Road, Suite 300 Presiden Robert J. Amsdell Treasurer Director Vice President 000002333330---10/30/97--01073--001 Secretary The Parkview Building Middleburg Heights, OH 44130 Barry L. Amsdell Director ****750.00 ****750.00 *****70.00 *****70.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CT Corporation System c/o CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Plantation, FL 33324 Suite, Apt. #, Etc. State | Zip Code 10. Ubeing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. CT Corporation System Signature of Registered Agent Date 10/29/97 GII S. Apelia, Asst. Secreta RECOMERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I recertly that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as If made under oath.

Amsdell Patrners, Inc.

SIGNATURE:

AATURE AND TREE OR SHIPTED HAVE OF SIGNING OFFICER OR DIRECTOR

Dept. of Revenue under S. 199.032, Florida Statutes.

/0/22/97 216-234-0700 Date Daytime Phone #

(See other side for information on intangible tax.)

CP2E040