2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006217

HEIM, STEPHÁNIE

701 WESTERN AVE

GLENDALE, CA 91201

Name:

Address:

City-St-Zip:

FILED Feb 20, 2008 Secretary of State

Entity Name: PUBLIC STORAGE PICKUP & DELIVERY, INC.					
Current Principal Place of Business:			New Principal Place	of Business:	
	ERN AVENUE E, CA 912012				
Current Ma	ailing Addres	s:	New Mailing Addres	New Mailing Address:	
701 WESTERN AVENUE, GLENDALE, CA 912012349 US					
FEI Number:	95-4594912	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US			1200 SOUTH PINE IS	CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US	
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.					
SIGNATURE: DONALD H. BOADWAY				02/20/2008	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CFO () REYES, JOHN 701 WESTERN GLENDALE, CA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BAUMANN, JOH 701 WESTERN GLENDALE, CA	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () ADAMS, DREW 701 WESTERN GLENDALE, CA	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO () MILLER, THOM 701 WESTERN GLENDALE, CA	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	s ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DREW ADAMS VΡ 02/20/2008