

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000001286 (0)**

1. Corporation Name

STORAGE USA FRANCHISE CORP.



Principal Place of Business 10440 LITTLE PATUXENT PARKWAY, #1100 COLUMBIA MD 21044	Mailing Address 10440 LITTLE PATUXENT PARKWAY, #1100 COLUMBIA MD 21044
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 52-1977480		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President / Director
NAME	ERICKSON, JOHN	1.2 NAME	Dean Jernigan
STREET ADDRESS	10440 LITTLE PATUXENT PARKWAY, #1100	1.3 STREET ADDRESS	165 Madison Avenue, Suite 1300
CITY-ST-ZIP	COLUMBIA MD 21044	1.4 CITY-ST-ZIP	Memphis, TN 38103
TITLE	S	2.1 TITLE	Secretary
NAME	JEWETT, ERIKA	2.2 NAME	Christopher P. Marr
STREET ADDRESS	10440 LITTLE PATUXENT PARKWAY, #1100	2.3 STREET ADDRESS	10440 Little Patuxent Pkwy Suite 1100
CITY-ST-ZIP	COLUMBIA MD 21044	2.4 CITY-ST-ZIP	Columbia, MD 21044
TITLE		3.1 TITLE	Assistant Secretary
NAME		3.2 NAME	Lee Harkavy
STREET ADDRESS		3.3 STREET ADDRESS	165 Madison Avenue, Suite 1300
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Memphis, TN 38103
TITLE		4.1 TITLE	Assistant Secretary
NAME		4.2 NAME	Donna L. Buck
STREET ADDRESS		4.3 STREET ADDRESS	10440 Little Patuxent Pkwy # 1100
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Columbia, MD 21044
TITLE		5.1 TITLE	Senior Vice President
NAME		5.2 NAME	Carol Shupley
STREET ADDRESS		5.3 STREET ADDRESS	10440 Little Patuxent Parkway # 1100
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Columbia, MD 21044
TITLE		6.1 TITLE	Co-Chairman & Chief Operating Officer
NAME		6.2 NAME	Ethel Hilliard
STREET ADDRESS		6.3 STREET ADDRESS	165 Madison Avenue, Suite 1300
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Memphis, TN 38103

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.

SIGNATURE _____

CR2E034 (10/97)