

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  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90148 037 \*\*\*150.00

DOCUMENT # F97000001286

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/13/1997

4. FEI Number  
52-1977480

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 PD ☐ DELETE

NAME JERNIGAN, DEAN  
STREET ADDRESS 165 MADISON AVE, #1300  
CITY-ST-ZIP MEMPHI TN 38103

TITLE S ☒ DELETE

NAME MARR, CHRISTOPHER P  
STREET ADDRESS 10440 LITTLE PATUXENT PKWY, #1100  
CITY-ST-ZIP COLUMBIA MD 21044

TITLE AS ☒ DELETE

NAME HARKWAY, LEE  
STREET ADDRESS 165 MADISON AVE, #1300  
CITY-ST-ZIP MEMPHIS TN 38103

TITLE AS ☐ DELETE

NAME BUCK, DONALD L  
STREET ADDRESS 10440 LITTLE PAUXENT PKY, #1100  
CITY-ST-ZIP COLUMBIA MD 21004

TITLE CC ☒ DELETE

NAME HILLARD, ETHEL COO  
STREET ADDRESS 165 MADISON AVE, SUITE 1300  
CITY-ST-ZIP MEMPHIS TN 38103

TITLE SV ☐ DELETE

NAME SHIPLEY, CAROL  
STREET ADDRESS 10440 LITTLE PATUXENT PARKWAY, #1100  
CITY-ST-ZIP COLUMBIA MD 21044

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE SECRETARY ☐ Change ☒ Addition

2.2 NAME BRUCE F. TAUB  
2.3 STREET ADDRESS 10440 LITTLE PATUXENT PKWY, #1100  
2.4 CITY-ST-ZIP COLUMBIA, MD 21044

3.1 TITLE ASST. SECRETARY ☐ Change ☒ Addition

3.2 NAME LYNN L. LANIGAN  
3.3 STREET ADDRESS 165 MADISON AVENUE, SUITE 1300  
3.4 CITY-ST-ZIP MEMPHIS, TN 38103

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME DONNA L. BUCK  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE EXEC. VICE PRESIDENT ☒ Change ☐ 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:

*Donald Buck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99

(410) 730-9500

CR2E034 (11/98)