

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001286

1. Entity Name

STORAGE USA FRANCHISE CORP.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90127 033 \*\*\*150.00

Principal Place of Business

Mailing Address

10440 LITTLE PATUXENT PARKWAY, #1100  
COLUMBIA MD 21044

10440 LITTLE PATUXENT PARKWAY, #1100  
COLUMBIA MD 21044-3572

2. Principal Place of Business

165 MADISON AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1300

City & State

City & State

MEMPHIS, TN

4. FEI Number

52-1977480

Applied For

Not Applicable

Zip  
38103

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME TAUB, BRUCE F  
STREET ADDRESS 10440 LITTLE PATUXENT PKWY, #1100  
CITY-ST-ZIP COLUMBIA MD 21044

TITLE ☒ Change ☐ Addition  
NAME ED ANSERO  
STREET ADDRESS 165 MADISON AVENUE, SUITE 1300  
CITY-ST-ZIP MEMPHIS, TN 38103

TITLE AS ☐ Delete  
NAME LANIGAN, LYNN L  
STREET ADDRESS 165 MADISON AVE, #1300  
CITY-ST-ZIP MEMPHIS TN 38103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME DONNA, BUCK L  
STREET ADDRESS 10440 LITTLE PAUXENT PKY, #1100  
CITY-ST-ZIP COLUMBIA MD 21004

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE VP ☐ Change ☒ Addition  
NAME TRACY SELLS  
STREET ADDRESS 10440 LITTLE PATUXENT PARKWAY, SUITE 1100  
CITY-ST-ZIP COLUMBIA, MD 21044

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donna Buck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000

Date

(410)884-8711

Daytime Phone #

CR2E034 (9/99)