

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90093 010 ***150.00

DOCUMENT # F97000001286

1. Entity Name
STORAGE USA FRANCHISE CORP.

Principal Place of Business

**175 TOYOTA PLAZA
 SUITE 700
 MEMPHIS TN 38103**

Mailing Address

**10440 LITTLE PATUXENT PARKWAY, #1100
 COLUMBIA MD 21044**

2. Principal Place of Business

3. Mailing Address

10440 LITTLE PATUXENT PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 700

City & State

City & State

COLUMBIA, MD

4. FEI Number

52-1977480

Applied For

Not Applicable

Zip

Country

Zip

Country

21044

USA

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, 2002 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 ☐ Delete
PD
 NAME **JERNIGAN, DEAN**
 STREET ADDRESS **175 TOYOTA PLAZA, STE 700**
 CITY-ST-ZIP **MEMPHIS TN 38103**

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **MCCONOMY, JOHN**
 CITY-ST-ZIP **175 TOYOTA PLAZA, SUITE 700**
MEMPHIS TN 38103

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

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **BUCK, DONNA**
 CITY-ST-ZIP **10440 LITTLE PATUXENT PKWY, #1100**
COLUMBIA MD 21044

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10440 LITTLE PATUXENT PKWY, SUITE 700**
 CITY-ST-ZIP **COLUMBIA, MD 21044**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **MARR, CHRISTOPHER P**
 CITY-ST-ZIP **175 TOYOTA PLAZA, SUITE 700**
MEMPHIS TN 38103

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

TITLE ☐ Delete
 NAME **SVP**
 STREET ADDRESS **ANSBRO, ED**
 CITY-ST-ZIP **175 TOYOTA PLAZA, SUITE 700**
MEMPHIS TN 38103

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **SELLS, TRACY**
 CITY-ST-ZIP **10440 LITTLE PATUXENT PKWY, #1100**
COLUMBIA MD 21044

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10440 LITTLE PATUXENT PKWY, SUITE 700**
 CITY-ST-ZIP **COLUMBIA, MD 21044**

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 REQUIRED**

DONNA BUCK

4/24/2002

410-884-8711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)