


**2004 FOR PROFIT-CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90179 015 ***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, #700 COLUMBIA, MD 21044
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1977480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOSAR, LEN DIANE COOPER 175 TOYOTA PLAZA, STE 700 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERN, KEVIN 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUCK, DONNA 10440 LITTLE PATUXENT PKWY STE 700 COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YALE, MARK 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ANSBRO, ED DELEIE 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SELLS, TRACY 10440 LITTLE PATUXENT PKWY #700 COLUMBIA, MD 21044

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Buck DONNA BUCK 4/21/04 410-884-8711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #