


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**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**



**DO NOT WRITE IN THIS SPACE**

03112005 No Chg-P CR2E034 (10/03)  
 4. FEI Number **52-1977480** Applied For / Not Applicable  
 5. Certificate of Status Desired  **\$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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COOPER, DIANE
STREET ADDRESS	175 TOYOTA PLAZA, STE 700
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	SD
NAME	KERN, KEVIN DANA MIGLIACCIO
STREET ADDRESS	175 TOYOTA PLAZA, SUITE 700
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	AS
NAME	BUCK, DONNA JIM EIKENBERG
STREET ADDRESS	10440 LITTLE PATUXENT PKWY STE 700
CITY-ST-ZIP	COLUMBIA, MD 21044
TITLE	TD
NAME	YALE, MARK JIM IANE
STREET ADDRESS	175 TOYOTA PLAZA, SUITE 700
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	VP
NAME	SELLS, TRACY
STREET ADDRESS	10440 LITTLE PATUXENT PKWY #700
CITY-ST-ZIP	COLUMBIA, MD 21044
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/28/05-80017-006 150.00

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or C changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jim Eikenberg **Jim Eikenberg** 4/28/05 410-731  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #