

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91849 024 \*\*\*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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**10440 LITTLE PATUXENT PKWY  
Suite, Apt. #, etc.  
SUITE 700  
COLUMBIA, MD  
21044 USA**

CHECK HERE IF MAKING CHANGES

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**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>PD JERNIGAN, DEAN 175 TOYOTA PLAZA, STE 700 MEMPHIS TN 38103</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MCCONOMY, JOHN 175 TOYOTA PLAZA, SUITE 700 MEMPHIS TN 38103</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BUCK, DONNA 10440 LITTLE PATUXENT PKWY, #1100 COLUMBIA MD 21044</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MARR, CHRISTOPHER P 175 TOYOTA PLAZA, SUITE 700 MEMPHIS TN 38103</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP ANSBRO, ED 175 TOYOTA PLAZA, SUITE 700 MEMPHIS TN 38103</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SELLS, TRACY 10440 LITTLE PATUXENT PKWY, #1100 COLUMBIA MD 21044</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEN KOSAR 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KEVIN KERN 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BUCK, DONNA 10440 LITTLE PATUXENT PKWY, SUITE 700 COLUMBIA, MD 21044</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MARK YALE 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SELLS, TRACY 10440 LITTLE PATUXENT PKWY, SUITE 700 COLUMBIA, MD 21044</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: RE DONNA BUCK** **4/28/2003** **410-884-8711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)