

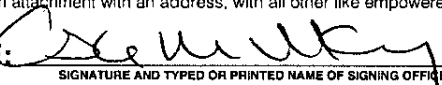


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90062 001 ***450.00

DOCUMENT # F97000003981 1. Entity Name SHURGARD STORAGE CENTERS, INC.					
Principal Place of Business 1155 VALLEY STREET SUITE 400 SEATTLE, WA 98109			Mailing Address 1155 VALLEY STREET SUITE 400 SEATTLE, WA 98109		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 91-1603837	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BARBO, CHARLES K 1155 VALLEY STREET, SUITE 400 SEATTLE, WA 98109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barbo, Charles K. 1155 Valley Street, Suite 400 Seattle, WA 98109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRANT, DAVID K 1155 VALLEY STREET, SUITE 400 SEATTLE, WA 98109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Grant, David K. 1155 Valley Street, Suite 400 Seattle, WA 98109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD BECK, HARRELL L 1155 VALLEY STREET, SUITE 400 SEATTLE, WA 98109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Beck, Harrell L. 1155 Valley Street, Suite 400 Seattle, WA 98109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKAY, CHRISTINE M 1155 VALLEY STREET, SUITE 400 SEATTLE, WA 98109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McKay, Christine M. 1155 Valley Street, Suite 400 Seattle, WA 98109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, W.J. 1301 GARY WAY CARMICHAEL, CA 95608 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tyler, Steve 1155 Valley Street, Suite 400 Seattle, WA 98109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. CIO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Prether, Terry 1155 Valley Street, Suite 400 Seattle, WA 98109	
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: 			Christine M. McKay 2-24-04-206-624-8100 Secretary Date Daytime Phone #		