

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90057 048 ***150.00

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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**

50006378



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
91-1603837

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCEO
BARBO, CHARLES K
1155 VALLEY STREET, SUITE 400
SEATTLE, WA 98109** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOO
GRANT, DAVID K
1155 VALLEY STREET, SUITE 400
SEATTLE, WA 98109** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
BECK, HARRELL L
1155 VALLEY STREET, SUITE 400
SEATTLE, WA 98109** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
MCKAY, CHRISTINE M
1155 VALLEY STREET, SUITE 400
SEATTLE, WA 98109** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP & Secy
Jane A. Orenstein
1155 Valley Street, Suite 400
Seattle, WA 98109** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, W.J.
1301 GARY WAY
CARMICHAEL, CA 95608** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCIO
PRETHER, TERRY
1155 VALLEY STREET, SUITE 400
SEATTLE, WA 98109** ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jane A. Orenstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jane A. Orenstein
VP & Secretary**

1-7-05

Date

Daytime Phone #