

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003981

FILED  
Apr 11, 2006  
Secretary of State

Entity Name: SHURGARD STORAGE CENTERS, INC.

## Current Principal Place of Business:

1155 VALLEY STREET  
SUITE 400  
SEATTLE, WA 98109

## New Principal Place of Business:

## Current Mailing Address:

1155 VALLEY STREET  
SUITE 400  
SEATTLE, WA 98109

## New Mailing Address:

FEI Number: 91-1603837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CCEO ( ) Delete  
Name: BARBO, CHARLES K  
Address: 1155 VALLEY STREET, SUITE 400  
City-St-Zip: SEATTLE, WA 98109

Title: PCOO ( ) Delete  
Name: GRANT, DAVID K  
Address: 1155 VALLEY STREET, SUITE 400  
City-St-Zip: SEATTLE, WA 98109

Title: VPT ( ) Delete  
Name: BECK, HARRELL L  
Address: 1155 VALLEY STREET, SUITE 400  
City-St-Zip: SEATTLE, WA 98109

Title: VS ( ) Delete  
Name: ORENSTEIN, JANE A  
Address: 1155 VALLEY STREET, SUITE 400  
City-St-Zip: SEATTLE, WA 98109

Title: D ( ) Delete  
Name: SMITH, W.J.  
Address: 1301 GARY WAY  
City-St-Zip: CARMICHAEL, CA 95608

Title: VCIO ( ) Delete  
Name: PRETHER, TERRY  
Address: 1155 VALLEY STREET, SUITE 400  
City-St-Zip: SEATTLE, WA 98109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: BARBO, CHARLES K  
Address: 1155 VALLEY STREET, SUITE 400  
City-St-Zip: SEATTLE, WA 98109

Title: PCEO (X) Change ( ) Addition  
Name: GRANT, DAVID K  
Address: 1155 VALLEY STREET, SUITE 400  
City-St-Zip: SEATTLE, WA 98109

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PORTER, W. THOMAS  
Address: 5183 NE LAURELCREST LANE  
City-St-Zip: SEATTLE, WA 98105

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /S/ JANE ORENSTEIN

VS

04/11/2006

Electronic Signature of Signing Officer or Director

Date