

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90031 049 ***150.00

DOCUMENT # F98000000069

1. Corporation Name
SMARTSTOP, INC.

Principal Place of Business
**5440 SW WESTGATE DR., #217
PORTLAND OR 97221**

Mailing Address
**5440 SW WESTGATE DR., #217
PORTLAND OR 97221**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number
91-1839911

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 921 SW Washington St

2a. Mailing Address

26 921 SW Washington St.

Suite, Apt. #, etc.

22 Suite 210

Suite, Apt. #, etc.

27 Suite 210

City & State

23 Portland, OR

City & State

28 Portland, OR

Zip

24 97205

Country

25 USA

Zip

29 97205

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDC** ☒ DELETE
NAME **BAUMAN, LARRY A**
STREET ADDRESS **5440 SW WESTGATE DR., #217**
CITY-ST-ZIP **PORTLAND OR 97221**

TITLE **S** ☒ DELETE
NAME **STIBOLT, VICTOR**
STREET ADDRESS **5440 SW WESTGATE DR., #217**
CITY-ST-ZIP **PORTLAND OR 97221**

TITLE **ST** ☒ DELETE
NAME **GRAM, MARK**
STREET ADDRESS **5440 SW WESTGATE DR., #217**
CITY-ST-ZIP **PORTLAND OR 97221**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President and CEO** ☒ Change ☐ Addition
1.2 NAME **E. Mark Evers**
1.3 STREET ADDRESS **921 SW Washington St., Suite 210**
1.4 CITY-ST-ZIP

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **Larry A. Bauman**
2.3 STREET ADDRESS **10210 N. Vancouver Way**
2.4 CITY-ST-ZIP **Portland, OR 97217**

3.1 TITLE **Secretary** ☒ Change ☐ Addition
3.2 NAME **Mark Griffin**
3.3 STREET ADDRESS **5202 4th Street**
3.4 CITY-ST-ZIP **Lubbock, TX 79408**

4.1 TITLE **Asst. Secretary** ☒ Change ☐ Addition
4.2 NAME **Victor Stiebolt**
4.3 STREET ADDRESS **5440 SW Westgate Dr., Suite 150**
4.4 CITY-ST-ZIP **Portland, OR 97221**

5.1 TITLE **Treasurer** ☐ Change ☒ Addition
5.2 NAME **Mark Gram**
5.3 STREET ADDRESS **5440 SW Westgate, Suite 150**
5.4 CITY-ST-ZIP **Portland, OR 97221**

6.1 TITLE **CFO** ☐ Change ☒ Addition
6.2 NAME **Alan Beauchamp**
6.3 STREET ADDRESS **921 SW Washington St., Suite 210**
6.4 CITY-ST-ZIP **Portland, OR 97205**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 3, 99

503-276-5000

CR2E034 (11/98)