

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90690 044 ***150.00

DOCUMENT # F98000000069

1. Entity Name

SMARTSTOP, INC.



Principal Place of Business

**921 SW WASHINGTON ST.
SUITE 210
PORTLAND OR 97205**

Mailing Address

**921 SW WASHINGTON ST.
SUITE 210
PORTLAND OR 97205**

2. Principal Place of Business

315 SW FIFTH AVENUE

Suite, Apt. #, etc.

SUITE 600

City & State

PORTLAND, OR

Zip

97204

Country

MULTNUMAH

3. Mailing Address

315 SW FIFTH AVENUE

Suite, Apt. #, etc.

SUITE 600

City & State

PORTLAND, OR

Zip

97204

Country

MULTNUMAH



MOORE

CR2E034 (11/03)

4. FEI Number

91-1839911

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

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, 2004 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 **DPCE** ☒ Delete
NAME **EVERS, E. MARK**
STREET ADDRESS **921 SW WASHINGTON ST., SUITE 210**
CITY-ST-ZIP **PORTLAND OR 97221**

TITLE **D** ☐ Delete
NAME **GRIFFIN, MARK**
STREET ADDRESS **5202 4TH STREET**
CITY-ST-ZIP **LUBBOCK TX 79408**

TITLE **D** ☐ Delete
NAME **FREDERICK, JUBITZ**
STREET ADDRESS **33 NE MIDDLEFIELD RD.**
CITY-ST-ZIP **PORTLAND OR 97205**

TITLE **TS** ☒ Delete
NAME **GRAY, ROBERT**
STREET ADDRESS **921 SW WASHINGTON ST STE 210**
CITY-ST-ZIP **PORTLAND OR 97205**

TITLE **D** ☐ Delete
NAME **BAUMAN, LAWRENCE**
STREET ADDRESS **5440 SW WESTGATE DR STE 150**
CITY-ST-ZIP **PORTLAND OR 97221**

TITLE **D** ☒ Delete
NAME **JUBITZ, ALBIN M**
STREET ADDRESS **33 NE MIDDLEFIELD RD.**
CITY-ST-ZIP **PORTLAND OR 97205**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
NAME **MARK GRAM**
STREET ADDRESS **315 SW FIFTH AVE STE 600**
CITY-ST-ZIP **PORTLAND, OR 97204**

TITLE **AT** ☐ Change ☒ Addition
NAME **BRYAN PETERSEN**
STREET ADDRESS **315 SW FIFTH AVE STE 600**
CITY-ST-ZIP **PORTLAND, OR 97204**

TITLE **AS** ☐ Change ☒ Addition
NAME **DAIN NESTEL**
STREET ADDRESS **315 SW FIFTH AVE STE 600**
CITY-ST-ZIP **PORTLAND, OR 97204**

TITLE **TS D** ☐ Change ☒ Addition
NAME **PHILLIP W SEELEY**
STREET ADDRESS **315 SW FIFTH AVE STE 600**
CITY-ST-ZIP **PORTLAND, OR 97204**

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

TITLE **D** ☐ Change ☒ Addition
NAME **DON HAYDEN**
STREET ADDRESS **315 SW FIFTH AVE STE 600**
CITY-ST-ZIP **PORTLAND, OR 97204**

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

BRYAN PETERSEN ASST. TREASURER

503-276-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #