

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000000069**

1. Entity Name  
**SMARTSTOP, INC.**



Principal Place of Business  
**315 SW FIFTH AVENUE  
SUITE 600  
PORTLAND, OR 97204**

Mailing Address  
**315 SW FIFTH AVENUE  
SUITE 600  
PORTLAND, OR 97204**



04192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>91-1839911</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAM, MARK 315 SW FIFTH AVE STE 600 PORTLAND, OR 97204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFIN, MARK 5202 4TH STREET LUBBOCK, TX 79408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FREDERICK, JUBITZ 33 NE MIDDLEFIELD RD. PORTLAND, OR 97205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT PETERSEN, BRYAN 315 SW FIFTH AVE STE 600 PORTLAND, OR 97204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUMAN, LAWRENCE 5440 SW WESTGATE DR STE 150 PORTLAND, OR 97221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYDEN, DON 315 SW FIFTH AVE STE 600 PORTLAND, OR 97204

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04/25/05-80057-004 150.00

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRYAN PETERSEN**

Date

**4/20/05**

Daytime Phone #

**503-276-5000**