

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90048 019 ***150.00

40093950



05012006 Chg-P CR2E034 (11/05)

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 333 SW TAYLOR, 3rd FL |
| CITY-ST-ZIP | Portland, OR 97204-2446 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 333 SW Taylor Street, 3rd Floor |
| CITY-ST-ZIP | Portland, OR 97204-2446 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 333 SW Taylor St, 3rd Floor |
| CITY-ST-ZIP | Portland, OR 97204-2446 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mark Gram Mark Gram President 5/4/06 503 276 5149

SmartStop®, Inc.
333 SW Taylor Street (3rd Floor)
Portland, Oregon 97204

Phone: 503-276-5000
Fax: 503-276-5001
Toll Free: 1-800-717-5485

ATTACHMENT



40093958
#F98000000069

To Whom It May Concern:

This letter is to request that our late filing fee for our 2006 Annual Report be waived. We are a small company which only employs about 12 people max. We have recently had a high level of turnover and thus ended up with only one person to run our accounting department for about 2 months. Due to these rare circumstances many of our tax filings were not able to be prepared on time due to the work load that our one accountant had to take on. We greatly appreciate your consideration in this matter. If any further information is needed please contact me at (503) 276-5162 or bekki.hackenmiller@smartstop.net.

Sincerely,

A handwritten signature in cursive script that reads 'Bekki Hackenmiller'.

Bekki Hackenmiller
Accounting Manager
SmartStop, Inc.
333 SW Taylor Street, 3rd Floor
Portland, OR 97204
(503) 276-5162
bekki.hackenmiller@smartstop.net