2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2000 8:00 am Secretary of State DOCUMENT # F98000006865 AMSDELL HOLDINGS I, INC. 03-06-2000 90119 041 ***150.00 Principal Place of Business Mailing Address ... ENGLE ROAD, SUITE 300 6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HEIGHTS OH 44130-7993 HEIGHTS OH 44130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 34-1880683 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTF: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PDT ☐ Addition ☐ Delete Change TITLE TITLE AMSDELL, ROBERT J NAME NAME 6745 ENGLE ROAD, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG HEIGHTS OH 44130 ☐ Addition ☐ Change ☐ Delete TITLE AMSDELL, BARRY L NAME NAME STREET ADDRESS 6745 ENGLE-ROAD, SUITE 300---STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG HEIGHTS OH 44130 Addition ☐ Delete TITLE ☐ Change TITLE OSGOOD, STEVEN G NAME NAME STREET ADDRESS 6745 ENGLE ROAD, SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG HEIGHTS OH 44130 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a date set of the receiver of the corporation of the receiver or trustee mpowered.

AMSDELL 10 11 C.

SIGNATURE AND TYPE AFFINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT Amsdell, President

440-234-0700