

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001849

1. Entity Name

STORAGE USA CONSTRUCTION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90128 030 ***150.00

Principal Place of Business

165 MADISON AVE., SUITE 1200
 MEMPHIS TN 38103

Mailing Address

165 MADISON AVE., SUITE 1200
 MEMPHIS TN 38103-2723

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10440 LITTLE PATUXENT PARKWAY

Suite, Apt. #, etc.
 SUITE 1100

City & State

COLUMBIA, MD

Zip
 21044

Country

USA

4. FEI Number

52-2019221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JERNIGAN, DEAN 6366 LENDENWOOD ROAD MEMPHIS TN 38120	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD TAUB, BRUCE F 66 MONROE AVENUE, APT. 1101 MEMPHIS TN 38103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NELSON, LARRY 1679 TAMARACK LANE GERMANTOWN TN 38138	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LANIGAN, LYNN L 4245 AMBER LANE MEMPHIS TN 38111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BUCK, DONNA 9720 HAWKINS CREAMERY ROAD GAITHERSBURG MD 20882	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 165 MADISON AVENUE, SUITE 1300 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY, DIRECTOR ED ANSERO 165 MADISON AVENUE, SUITE 1300 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT TRACY SELLS 10440 LITTLE PATUXENT PARKWAY, SUITE 1100 COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 165 MADISON AVENUE, SUITE 1300 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10440 LITTLE PATUXENT PARKWAY, SUITE 1100 COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered 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 an address, with all other like empowered.

SIGNATURE:

Donna Buck
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2000 (410) 884-8711

CR20014 19/99