


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90179 016 \*\*\*150.00

<b>DOCUMENT # F99000001849</b> 1. Entity Name <b>STORAGE USA CONSTRUCTION, INC.</b>	
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Principal Place of Business <b>175 TOYOTA PLAZA SUITE 700 MEMPHIS, TN 38103</b>	Mailing Address <b>10440 LITTLE PATUXENT PARKWAY, STE 700 COLUMBIA, MD 21044</b>
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DO NOT WRITE IN THIS SPACE

02232004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>52-2019221</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>KOSAR, LEN</del> <b>DIANE COOPER</b> 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <del>DIANE</del> ANSERO, ED 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NELSON, LARRY 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YALE, MARK 175 TOYOTA PLAZA, SUITE 700 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUCK, DONNA 10440 LITTLE PATUXENT PARKWAY, STE 700 COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERN, KEVIN 175 TOYOTA PLAZA, STE 700 MEMPHIS, TN 38103

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:** Donna Buck **DONNA BUCK** 4/21/04 **410-884-8711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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