

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002243
1. Entity Name
 Nine SAC Self-Storage Corporation



DO NOT WRITE IN THIS SPACE

80125092

2. Principal Place of Business
 715 S. Country Club Dr.
 Suite, Apt. #, etc.

3. Mailing Address
 2721 N. Central Ave.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Mesa, Arizona

City & State
 Phoenix, Arizona

4. FEI Number
 86-0948872

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip 85210 **Country** USA **Zip** 85004 **Country** USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
 1200 South Pine Island Road

City Plantation **FL** **Zip Code** 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PDS Mark V. Shoen 715 S. Country Club Dr. Mesa, AZ 85211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Bruce G. Brockhagen 2721 N. Central Avenue Phoenix, AZ 85004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Angeline Durbano 1200 Orange St. Wilmington, DE 19801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Bruce G. Brockhagen, Secretary 5/7/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 602-263-6195 Dept. no. (Phone #)

CR2E034B (12/01)