2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002245

Entity Name: EIGHT SAC SELF-STORAGE CORPORATION

Apr 15, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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715 S COUNTRY CLUB DRIVE MESA, AZ 85210

Current Mailing Address: New Mailing Address:

2721 N. CENTRAL AVE. 2721 N. CENTRAL AVE. PHONIX, AZ 85004 PHOENIX, AZ 85004

FEI Number: 86-0944238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

SHOEN, MARK V Name: Name: SHOEN, MARK V 2721 N. CENTRAL AVE. 715 S. COUNTRY CLUB DR. Address: Address:

City-St-Zip: PHONIX, AZ 85004 City-St-Zip: MESA, AZ 85210

() Delete Title: Title: (X) Change () Addition

BROCKHAGEN, BRUCE G Name: Name: BROCKHAGEN, BRUCE G 2721 N. CENTRAL AVE. 2721 N. CENTRAL AVE. Address: Address: PHONIX, AZ 85004 PHOENIX, AZ 85004 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete

DURBANO, ANGELINE Name: DUVA, VICTOR A Name: 1200 ORANGE STREET 1200 ORANGE STREET Address: Address: City-St-Zip: WILMINGTON, DE 19801 City-St-Zip: WILMINGTON, DE 19801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE G. BROCKHAGEN ST 04/15/2004