2003 FOR PROFIT CORPORATION

Apr 24, 2003 8:00 am \$ Secretary of State FILED **UNIFORM BUSINESS REPORT (UBR)** J98340 DOCUMENT # 1. Entity Name 04-24-2003 90242 033 ***150.00 STIRLING STORAGE, INC. Principal Place of Business Mailing Address だいひつばたりひ <999 BRICKELL AVE 999 BRICKELL AVENUE -SUITE 800 SUITE 800--- MIAMI-PL-33131 -MIAMI-FL 33131 US US 2. Principal Place of Business 3. Mailing Address 4000 N. 28 4000 N. 28TH TERRECE Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number tity & State 65-0011559 Ywood. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. YARUS, GARY J. (P.O. Box Number is Not Acceptable) 999 BRICKEL AVE **MIAMI FL 33131** Varoad 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. I am familiar with, and accept SIGNATURE LIEBURY Signature, typed or printed name of gistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Addition TITLE TITLE Defete YARUS, GARY J.> NAME NAME 999 BRICKELL AVE SUITE 800 STREET ADDRESS STREET ADDRESS MIAMI-FL-33131-CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition

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

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

☐ Change

☐ Addition