SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P09858** **(2)**

1. Corporation Name
STORAGE-USA, INC.

Principal Place of Business	Mailing Address
10440 LITTLE PATUXENT PARKWAY **1100** **COLUMBIA MD 21044** **US**	**10 CORPORATE CTR** **STE 400** **COLUMBIA MD 21044** **US**

3. Date Incorporated or Qualified: **04/22/1986**
3a. Date of Last Report: **11/08/1995**

2. Principal Place of Business 21	2a. Mailing Address 26 10440 Little Patuxent Pkwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1100
City & State 23	City & State 28 Columbia, MD
Zip / Country 24 / 25	Zip / Country 29 21044 / 30 US

4. FEI Number: **62-1251239** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed, of new registered agent and title, if any) (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	JERNIGAN, DEAN		1.2 NAME		
STREET ADDRESS	10440 LITTLE PATUXENT PARKWAY # 1100		1.3 STREET ADDRESS	6075 Poplar Avenue, Suite 229	
CITY-ST-ZIP	COLUMBIA MD 21044		1.4 CITY-ST-ZIP	Memphis, TN 38119	
TITLE	STD	☐ DELETE	2.1 TITLE	V	☑ Change ☐ Addition
NAME	HAAS, KARL T		2.2 NAME		
STREET ADDRESS	10440 LITTLE PATUXENT PARKWAY # 1100		2.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA MD 21044		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ERICKSON, JOHN R		3.2 NAME		
STREET ADDRESS	10440 LITTLE PATUXENT PARKWAY # 1100		3.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA MD 21044		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	P	☐ Change ☑ Addition
NAME			4.2 NAME	Thomas Robinson	
STREET ADDRESS			4.3 STREET ADDRESS	10440 Little Patuxent Pkwy, #1100	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Columbia, MD 21044	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ John R. Erickson 6/18/96 (410) 730-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #