

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90048 034 ***150.00

DOCUMENT # P09858

1. Corporation Name
STORAGE-USA, INC.



Principal Place of Business

165 MADISON AVENUE
SUITE 1300
MEMPHIS TN 38103
US

Mailing Address

10440 LITTLE PATUXENT PKWY
SUITE 1100
COLUMBIA MD 21044
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1986

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 owes the current year Intangible
Personal Property Tax. ☒ 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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERNIGAN, DEAN	1.2 NAME	
STREET ADDRESS	165 MADISON AVE, STE 1300	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38103	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	EXEC. VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, KARL T	2.2 NAME	
STREET ADDRESS	10440 LITTLE PATUXENT PARKWAY # 1100	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARR, CHRISTOPHER	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	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAZZOUK, WILLIAM J	4.2 NAME	MARK YALE
STREET ADDRESS	165 MADISON AVE, STE 1300	4.3 STREET ADDRESS	10440 LITTLE PATUXENT PKWY, #1100
CITY-ST-ZIP	MEMPHIS TN 38103	4.4 CITY-ST-ZIP	COLUMBIA, MD 21044
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MANUAL REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (410) 730-9500
Date Daytime Phone #

CR2E034 (11/98)