

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90093 008 \*\*\*150.00

**DOCUMENT # P09858**

1. Entity Name  
**STORAGE-USA, INC.**

Principal Place of Business

**175 TOYOTA PLAZA  
 SUITE 700  
 MEMPHIS TN 38103  
 US**

Mailing Address

**10440 LITTLE PATUXENT PKWY  
 SUITE 1100  
 COLUMBIA MD 21044  
 US**

2. Principal Place of Business

3. Mailing Address

**10440 LITTLE PATUXENT PKWY  
 Suite, Apt. #, etc.  
 SUITE 700**

**CITY & STATE  
 COLUMBIA, MD**

**Zip  
 21044**

**Country  
 USA**

4. FEI Number

**62-1251239**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **JERNIGAN, DEAN**  
 STREET ADDRESS **175 TOYOTA PLAZA STE.,#700**  
 CITY-ST-ZIP **MEMPHIS TN 38103**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **EV** ☐ Delete  
 NAME **HAAS, KARL T**  
 STREET ADDRESS **10440 LITTLE PATUXENT PARKWAY # 1100**  
 CITY-ST-ZIP **COLUMBIA MD**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **175 TOYOTA PLAZA, SUITE 700**  
 CITY-ST-ZIP **MEMPHIS, TN 38103**

TITLE **DCFO** ☐ Delete  
 NAME **MARR, CHRISTOPHER**  
 STREET ADDRESS **175 TOYOTA PLAZA STE.,#700**  
 CITY-ST-ZIP **MEMPHIS TN 38103**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SV** ☐ Delete  
 NAME **YALE, MARK**  
 STREET ADDRESS **175 TOYOTA PLAZA STE.,#700**  
 CITY-ST-ZIP **MEMPHIS TN 38103**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **MOONOMY, JOHN**  
 STREET ADDRESS **175 TOYOTA PLAZA STE.,#700**  
 CITY-ST-ZIP **MEMPHIS TN 38103**

TITLE ☒ Change ☐ Addition  
 NAME **MCCONOMY, JOHN**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AS** ☐ Delete  
 NAME **BUCK, DONNA**  
 STREET ADDRESS **10440 LITTLE PATUXENT PKWY, # 1100**  
 CITY-ST-ZIP **COLUMBIA MD 21044**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **10440 LITTLE PATUXENT PKWY, SUITE 700**  
 CITY-ST-ZIP **COLUMBIA, MD 21044**

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donna Buck* **REQUIRED**

**DONNA BUCK**

**4/25/2002**

**410-884-8711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)