


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90091 024 \*\*\*150.00

<b>DOCUMENT # P10467</b> 1. Entity Name U-STORE-IT MINI WAREHOUSE CO.							
Principal Place of Business 6745 ENGLE ROAD SUITE 300 MIDDLEBURG HEIGHTS, OH 44130 US			Mailing Address 6745 ENGLE ROAD SUITE 300 MIDDLEBURG HEIGHTS, OH 44130 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		02202007    Chg-P    CR2E034 (12/06)			
Zip		Country		4. FEI Number <b>34-1203634</b>			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>			
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 the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AMSDALL, ROBERT J 6745 ENGLE ROAD, SUITE 300 CLEVELAND, OH 44130	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Dean Jernigan 6745 Engle Road, Suite 300 Cleveland, OH 44130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT TOWSLEY, TEDD 6745 ENGLE RD #300 CLEVELAND, OH 44130	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treasurer/Director Christopher P. Marr 6745 Engle Road, Suite 300 Cleveland, OH 44130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMSDALL, TODD C 6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HEIGHTS, OH 44130	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Secretary/Director Kathleen A. Weigand 6745 Engle Road, Suite 300 Cleveland, OH 44130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROCEWICKY, PATRICIA A 6745 ENGLE ROAD SUITE 300 CLEVELAND, OH 44130	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Assistant Treasurer Doug Tyrell 6745 Engle Road, Suite 300 Cleveland, OH 44130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Assistant Secretary Timothy M. Martin 6745 Engle Road, Suite 300 Cleveland, OH 44130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.							
<b>SIGNATURE:</b> <i>Kathleen A. Weigand</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4/19/07		Daytime Phone #: 440-234-0700	

KATHLEEN A. WEIGAND, VICE PRESIDENT - SECRETARY