
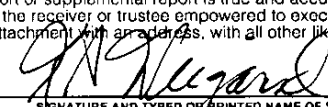


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90089 026 \*\*\*150.00

<b>DOCUMENT # P10467</b> 1. Entity Name <b>U-STORE-IT MINI WAREHOUSE CO.</b>			
Principal Place of Business <b>6745 ENGLE ROAD SUITE 300 MIDDLEBURG HEIGHTS, OH 44130 US</b>		Mailing Address <b>6745 ENGLE ROAD SUITE 300 MIDDLEBURG HEIGHTS, OH 44130 US</b>	
2. Principal Place of Business - No P.O. Box # <b>50 Public Square</b> Suite, Apt. #, etc. <b>Suite 2800</b>		3. Mailing Address <b>50 Public Square</b> Suite, Apt. #, etc. <b>Suite 2800</b>	
City & State <b>Cleveland, OH</b>		City & State <b>Cleveland, OH</b>	
Zip <b>44113</b>	Country <b>US</b>	Zip <b>44113</b>	Country <b>US</b>
4. FEI Number <b>34-1203634</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD JERNIGAN, DEAN 6745 ENGLE ROAD, SUITE 300 CLEVELAND, OH 44130	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>50 Public Square, Suite 2800 Cleveland, OH 44113</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MARR, CHRISTOPHER P 6745 ENGLE RD #300 CLEVELAND, OH 44130	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>50 Public Square, Suite 2800 Cleveland, OH 44113</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WEIGAND, KATHLEEN A 6745 ENGLE ROAD, SUITE 300 MIDDLEBURG HEIGHTS, OH 44130	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>50 Public Square, Suite 2800 Cleveland, OH 44113</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT TYRELL, DOUG 6745 ENGLE ROAD SUITE 300 CLEVELAND, OH 44130	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>50 Public Square, Suite 2800 Cleveland, OH 44113</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MARTIN, TIMOTHY M 6745 ENGLE RD SUITE 300 CLEVELAND, OH 44130	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>50 Public Square, Suite 2800 Cleveland, OH 44113</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>4/17/08</b> Daytime Phone #: <b>216-274-1340</b>	

Kathleen A. Weigand