

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P11672** (3)

1. Corporation Name

**SHURGARD REALTY ADVISORS, INC.**

95 MAR -8 PM 2: 22

Principal Place of Business

Mailing Address

% CORPORATE CONTROLLER  
1201 THIRD AVE STE 2200  
SEATTLE WA 98101-3054

% CORPORATE CONTROLLER  
1201 THIRD AVE STE 2200  
SEATTLE WA 98101-3054

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

10/03/1986

03/16/1994

4. FEI Number

Applied For

91-1033785

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BUERK, ARTHUR W
STREET ADDRESS	3831 49TH AVE. NE
CITY - ST - ZIP	SEATTLE WA
TITLE	S
NAME	STRED, KRIS
STREET ADDRESS	1201 3RD AVE. #2200
CITY - ST - ZIP	SEATTLE WA
TITLE	T
NAME	HARRELL, BECK
STREET ADDRESS	1201 3RD AVE. #2200
CITY - ST - ZIP	SEATTLE WA
TITLE	D
NAME	BARBO, CHARLES
STREET ADDRESS	1201 3RD AVE. #2200
CITY - ST - ZIP	SEATTLE WA
TITLE	VP
NAME	GRANT, DAVID K
STREET ADDRESS	1201 THIRD AVE., SUITE 2200
CITY - ST - ZIP	SEATTLE WA
TITLE	VP
NAME	RILEY, TIMOTHY J
STREET ADDRESS	1201 THIRD AVE., SUITE 2200
CITY - ST - ZIP	SEATTLE WA

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

SIGNATURE:

*Kristin H. Stred*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KRISTIN H. STRED 2/21/95 (206) 624-8100

SECRETARY

Date

Printed Name