FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32350** **(1)**

1. Corporation Name

PUBLIC STORAGE PROPERTIES XVII, INC.

Principal Place of Business	Mailing Address
600 N BRAND BLVD SUITE 300 GLENDALE CA 91203	600 N BRAND BLVD SUITE 300 GLENDALE CA 91203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
01/02/1991	04/14/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **95-4300891** ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, B. WAYNE	1.2 NAME	
STREET ADDRESS	600 N BRAND BLVD #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDALE CA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	LENKIN, HARVEY	2.2 NAME	
STREET ADDRESS	600 N BRAND BLVD #300	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDALE CA	2.4 CITY-ST-ZIP	
TITLE	VST	3.1 TITLE	☐ Change ☐ Addition
NAME	GERICH, OBREN B.	3.2 NAME	
STREET ADDRESS	600 N BRAND BLVD #300	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDALE CA	3.4 CITY-ST-ZIP	
TITLE	VCS	4.1 TITLE	☐ Change ☐ Addition
NAME	HAVNER, RONALD L., JR.	4.2 NAME	
STREET ADDRESS	600 N BRAND BLVD #300	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDALE CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CURTIS, VERN O.	5.2 NAME	
STREET ADDRESS	4111 STILLWATER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON BCH CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	STEELE, JACK D.	6.2 NAME	
STREET ADDRESS	1625 MICHAEL LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	PACIFIC PALISADES CA	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)(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.

SIGNATURE: Obren B. Gerich 4-20-95 (818)244-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0963070 CP