

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32355 (0)

1. Corporation Name

PUBLIC STORAGE PROPERTIES X, INC.

DO NOT WRITE IN THIS SPACE.

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

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

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		95-4300880		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				B5 Zip Code			
				FL			

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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 checked, or on an attachment with an address.

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