

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P32355 (0)

1. Corporation Name

PUBLIC STORAGE PROPERTIES X, 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

3. Date Incorporated or Qualified

01/02/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

95-4300880

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

2. Principal Place of Business

2a. Mailing Address

21 701 S. Western Ave

26 Po Box 25025

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 Dept PT

23 Glendale CA

28 Glendale CA

Zip

Country

Zip

Country

24 91201

25 Los Angeles

29 91201-5025

30 Los Angeles

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

100001798711  
-04/29/96--01046--014

84 City

\*\*\*200.00

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME HUGHES, B. WAYNE  
STREET ADDRESS 600 N BRAND BLVD #300  
CITY-ST-ZIP GLENDALE CA

TITLE P ☐ DELETE

NAME LENKIN, HARVEY  
STREET ADDRESS 600 N BRAND BLVD #300  
CITY-ST-ZIP GLENDALE CA

TITLE VST ☐ DELETE

NAME GERICH, OBREN B.  
STREET ADDRESS 600 N BRAND BLVD #300  
CITY-ST-ZIP GLENDALE CA

TITLE VCS ☐ DELETE

NAME HAVNER, RONALD L., JR.  
STREET ADDRESS 600 N BRAND BLVD #300  
CITY-ST-ZIP GLENDALE CA

TITLE D ☐ DELETE

NAME CURTIS, VERN O.  
STREET ADDRESS 4111 STILLWATER DR  
CITY-ST-ZIP HUNTINGTON BCH CA

TITLE D ☐ DELETE

NAME STEELE, JACK D.  
STREET ADDRESS 1625 MICHAEL LN  
CITY-ST-ZIP PACIFIC PALISADES CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

701 S. Western Ave.  
Glendale CA 91201

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

701 S. Western Ave.  
Glendale CA 91201

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

701 S. Western Ave.  
Glendale CA 91201

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

701 S. Western Ave.  
Glendale CA 91201

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

15213 NW Francesca  
Portland OR 97229

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4/2/96  
CME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

Date

(818) 244-8000

Daytime Phone #

CR2E034 (12/95)