Secretary of State SHURGARD GENERAL PARTNER, INC. Secretary of State 06-05-2000 90049 023 ***550.00 Seattle, WA 98109 Seattle, WA 98109 Suite 400 Suite 400 Suite 400 Suite 400 Suite 400 Suite 400 South Pine is suite 400 South Pine is suite 400 South Pine is suite 400 Seattle, WA Seattle,	2000 UNIFORM BU	SINESS REPO	ORT (UBR)	FILED	
Maining Address 1155 Valley St., Suite 400 (same) Seattle, WA 98109 Lincology Paper of Business 1155 Valley St. 11	1. Entity Name	Secretary of State			
1. Swatche, WA 98109 2. American Place of Business 1. Suite And 98109 2. American Place of Business 1. 155 Valley St. 2. Suite And Suite Suite Audo 1. Suite And 1. Suite A	Principal Place of Business	Mailing Address		_	
Suite And to the Suite And to Suite And to Suite And to Suite And	1155 Valley St., Suite 40	J			
Suite 400 City & State Spattle, WA City & State Spattle, WA City & State Spattle, WA Country Spattle, WA Country Spattle, WA Country Spattle, WA Scattle, WA Sinea Address of Status Deprind Sinea Address of Status Deprind Fee Required C T Corporation, System 1200 South Pine Island Road Plantation, FL 33324 City FL Zo Code City FL Zo Code City FL Zo Code City FL Zo Code Control Required and the Status Deprind Sinea Address (P.O. Box Number is Not Acceptable) Sinea Address (P.O. Box Number is Not Acceptable) Sinea Address (P.O. Box Number is Not Acceptable) Fee Required City FL Zo Code City City City FL Zo Code City City FL Zo Code City City City City City FL Zo Code City City City City City City FL Zo Code City			St.	The second second	
Signature Sign	Suite, Apt. #, etc. Suite, Apt. #, etc.		-		
See Required See				4. FEI Number Applied For Not Applicable	
Name Sirest Address (P.O. Box Number is Not Acceptable) Sirest Address (P.O. Box Number is Not Acceptable)	98109 USA	98109	1 '	5. Certificate of status besired Fee Required	
Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signa	,	ent Registered Agent	Name	7. Name and Address of New Registered Agent	
Addition 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. SIGNATURE Sequence, typed or prived raine or registered agent and time if applicable. Price corporation is elliptible to satisfy its intangible Ita filing requirement and elects to do so. After MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$550,00 may be after MAY 1/2000 Fee will be \$150,00 may be after MAY 1/2000 Fee will be \$150,00 may be after MAY 1/2000 Fee will be \$150,00 may be after MAY 1/2000 Fee will be \$150,00 may be after MAY 1/2000 Fee will be \$150,00 may be after MAY 1/2000 Fee will be \$150,00 may be after MAY 1/2000 Fee will be \$150,00 may be after MAY 1/2000 Fee will be \$150,00 may be after MAY 1/2000 Fee will be \$150,00 may be after MAY 1/2000 Fee will be \$150,00 may be after MAY 1/2000 Fee will be \$150,00 may be after MAY 1/2000 Fee	1200 South Pine Island Road		Street Addres	ss (P.O. Box Number is Not Acceptable)	
SIGNATURE Symbols, typed of purells frame of legislated agent and title if equicible (NOTE Registrate Agent signature reginate valued which nendating) PILE NOW!!! FEE IS \$15.0.00 After MAY 1, 2000 Five will be \$550.00 Make Check Pryoble for Deportment of State AGENTAL TO SECURITY Delete MAY 1, 2000 Five will be \$550.00 Make Check Pryoble for Deportment of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE President & Director Delete MAY 98109 MILE NOW! Charles K. Barbo 1155 Valley St., Suite 400 STRET ADDRESS 1155 V			City	FL Zip Code	
President & Director Delete MME Charles K. Barbo MME MME Charles K. Barbo MME	Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 2 Make Check Paya	000 Fee will be \$550.0 ble to Department of	Trust Fund Contribution. Added to Fees State	
WAME WAME WAME WAME WAME WAME WAME WAME	President & Direct Address K. Barbo STREET ADDRESS 1155 Valley St.,	tor Defete Suite 400	TITLE NAME STREET ADDRESS		
THE Secretary Delete TITLE Addition MME Christine M. McKay 1155 Valley St., Suite 400 STREET ADDRESS MTY-ST-ZIP Seattle, WA 98109 TITLE Addition MAKE Treasurer Delete TITLE MAKE MAKE MAKE Harrell L. Beck TITLE MAKE MA	Vice President David K. Grant	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Additi	
Treasurer Delete Harrell L. Beck State Addition	Secretary Christine M. McKa TREET ADDRESS 1155 Valley St.,	□ Delete Y Suite 400	NAME STREET ADDRESS	☐ Change ☐ Addition	
THE Delete TITLE NAME AME THEET ADDRESS STREET ADDRESS STR	Treasurer Harrell L. Beck	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Christine M. McKay, Secy (206) 624–8100	ITLE IAME TREET ADDRESS		NAME STREET ADDRESS	☐ Change ☐ Additi	
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SIGNATURE	13. I hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or trustee e	rt is true and accurate and that mpowered to execute this repor	my signature shall have t t as required by Chapter 3.	the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12	
	SIGNATURE SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER			