

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90786 001 \*\*\*450.00

**DOCUMENT #** P37479

1. Entity Name

**SHURGARD GENERAL PARTNER, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1155 Valley St.**

3. Mailing Address

**1155 Valley St.**

Suite, Apt. #, etc.

**Suite 400**

Suite, Apt. #, etc.

**Suite 400**

City & State

**Seattle, WA**

City & State

**Seattle, WA**

Zip

**98109**

Country

**USA**

Zip

**98109**

Country

**USA**

4. FEI Number

**91-1074400**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
**C T Corporation System**

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

**1200 South Pine Island Road**

City **Plantation**

**FL**

**33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January to May 11 Fee is \$150.00  
After May 11 Fee is \$550.00  
Amended UBR is \$6125  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; Director Charles K. Barbo 1155 Valley St., Ste 400 Seattle, WA 98109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Christine M. McKay 1155 Valley St., Ste 400 Seattle, WA 98109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Harrell L. Beck 1155 Valley St., Suite 400 Seattle, WA 98109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President David K. Grant 1155 Valley St, Ste 400 Seattle, WA 98109</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Christine M. McKay, Secretary**

Date

**4/29/02 (206)624-8100**

Daytime Phone #

CR2E034B (12/01)