May 14, 1999 8:00 am Secretary of State

05-14-1999 90003 001 ***450.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P39429

1. Corporation Name

STORAGE SERVICES INC.

l						iali Pielo Vala ili. T		
Principal Plac	e of Business	Mailing Address			1 1941)947 194 11119	19111 21279 11919 1211 21	#11 #1 # 11 #1#11 #1#11 #	*B11 E1E11 FE
3 WORLD FINANCIAL CENTER FIRST DATA INVESTOR SERV		VICES GROUP						
29TH FLOOR		P.O. BOX 1527			DO.	NOT WEITE IN T	LIE SDACE	
NEW YORK NY 10285		BOSTON MA 02104 US	BOSTON MA 02104		DO NOT WRITE IN THIS SPACE			
US		03		ļ	 Date Incorporated of 07/06/1992 	r Qualifeo		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26 101 HUDSON	N STREE	ET	11-2734197		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Contitont of Status	Desired	\$8.75 A	Additional
22		27 39TH F	LOOR		5. Certifcate of Status	Desired	Fee Re	quired
City & Stat	е	City & State	0 m / N	<i>1</i>	6. Election Campaign	Financing _	\$5.00	May Be
23		28 JERSEY	UIRIN		Trust Fund Contribu	tion	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation ow	es the current year	Intangible	
24	25	29 0 302 3	o US		Personal Property 1	ax	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address	of New Register	ed Agent	
71.15	PREMIOR MALL CORPORATIO	AL OVOTERA INIO	81 Nam	ie				
THE PRENTICE HALL CORPORATION SYSTEM INC				et Addres	s (P.O. Box Number is N	ot Accentable)		
1201 HAYS STREET			82 Stre	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o (i .o. box itambol io i	ot ricopiacio)		
TALLAHASSEE FL 32301			83					
			94 6%				Jos Zi- C	Sada
	84 City	84 City FL 85 Zip Code				,ode		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-name	d corpora	ation submits this statem	ent for the purpose	of changing its	registered
	egistered agent, or both, in the State m familiar with, and accept the oblig			rporation'	s board of directors. I he	reby accept the ap	pointment as reg	jistered
_	The state of the s	ations of, econom 507.0000, 110/10	a ciaidico.					i
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: Re	egistered Agent signatu	re required w	hen reinstating)	DATE		}
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	⊠ DELETE	1.1 TITLE	D			🔀 Change	☐ Addition
NAME	HELLMAN, ROBERT		1.2 NAME	ROC	CO F. ANDRIOI	Α	_	
STREET ADDRESS	REET ADDRESS 3 WORLD FINANCIAL CENTER 29TH FL		1.3 STREET ADDRESS 3		YORLD FINANCI	ALCENTE	2	
CITY-ST-ZIP	NEW YORK NY 10285		1.4 CITY-ST-ZIP	NE	W YORK, MY	10295		
TITLE	V	⊠ DELETE	2.1 TITLE	1			Change	Addition
NAME	BARR, NICOLE		2.2 NAME					
A WORLD CHANGLE OFFICE OFFICE			2.3 STREET ADDRES	ss				}
CITY-ST-ZIP	NEW YORK NY 10285		2. 4 CITY-ST-ZIP					
TITLE	Ť	⊠ DELETE	3.1 TITLE	 			Change	Addition
NAME	0817501111 11100		3.2 NAME				_ •	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	R 29TH FL	33 STREET ADDRES	.sl				İ
CITY-ST-ZIP	NEW YORK NY		3.4. CITY-ST-ZIP	~				
TITLE	S	☐ DELETE	4.1 TITLE	┼			☐ Change	Addition
NAME	MARRE, JENNIFER		4. 2 NAME	ļ				
STREET ADDRESS	3 WORLD FINANCIAL CENTER	R 20TH FI	4.3 STREET ADDRES					
	NEW YORK NY 10285	1 CVIII I L		~				
CITY-ST-ZIP	AT	⊠ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	AT			⊠ Change	Addition
NAME	GRIESINGER, CYNTHIA	<u></u>	5.2 NAME	KAT	HRYN M. BOPP F	YNN	EN OUTUGO	((۱۵۵۱۱۰۰۰ ر
	LPA,53 STATE STREET		5.3 STREET ADDRES		HUDSON STREE			
STREET ADDRESS	BOSTON MA		5.4 CITY-ST-ZIP		SEY CITY, N			
CITY-ST-ZIP TITLE	AT	⊠ DELETE	6.1 TITLE	A6	OFT OITS IN	, 5,302	⊠ Change	☐ Addition
TITLE	AI.	D DELETE	= -·· ··· ·· ·	120			range ∟	

14. 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 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, with all other like empowered. ASSISTANT

6.2 NAME

6.3 STREET ADDRESS

EILEEN M. BANNON

3 WORLD FINANCIAL CENTER

SIGNATURE:

DUFFY, MALACHY

LPA,53 STATE STREET

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)