2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000085121

Entity Name: PRIME STORAGE MANAGEMENT, INC.

Current Principal Place of Business:

500 S FLORIDA AVE SUITE 700 LAKELAND, FL 33801

Current Mailing Address:

500 S FLORIDA AVE SUITE 700 LAKELAND, FL 33801 US

FEI Number: 80-0857675

Name and Address of Current Registered Agent:

PETER A FARLANE PA 500 S FLORIDA AVE SUITE 700 LAKELAND, FL 33801 US

'L 33801 US

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 | E: PETER A MCFARLANE | | | 04/24/2015 |
|---------------------------|--|-----------------|-----------------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | D | Title | PCEO | |
| Name | MAXWELL, LAWRENCE W | Name | DROST, WILLIAM D | |
| Address | 500 S FLORIDA AVE SUITE 700 | Address | 500 S FLORIDA AVE SUITE 70 | 0 |
| City-State-Zip: | LAKELAND FL 33801 | City-State-Zip: | LAKELAND FL 33801 | |
| Title | VCFO | Title | AT | |
| Name | FALK, BENJAMIN D.E. | Name | KELLEY, KIM | |
| Address | 500 S FLORIDA AVE SUITE 700 | Address | 500 S FLORIDA AVE SUITE 70 | 0 |
| City-State-Zip: | LAKELAND FL 33801 | City-State-Zip: | LAKELAND FL 33801 | |
| Title | S | Title | VP | |
| Name | EBDRUP, BRIDGET | Name | ALTMAN, JAMES BRIAN | |
| Address | 500 S FLORIDA AVE SUITE 700 | Address | 500 S FLORIDA AVENUE SUITE 700 | |
| City-State-Zip: | LAKELAND FL 33801 | City-State-Zip: | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIM S KELLEY

AT

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

Date