2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000039046

Entity Name: PUBLIC STORAGE BROWARD, INC.

Current Principal Place of Business:

C/O PUBLIC STORAGE 701 WESTERN AVENUE GLENDALE, CA 91201

Current Mailing Address:

C/O PUBLIC STORAGE 701 WESTERN AVENUE GLENDALE, CA 91201

FEI Number: 65-0586523

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

	Title	DIRECTOR, TREASURER, ASST. SECRETARY	Title	PRESIDENT, DIRECTOR
	Name	ADAMS, DREW	Name	ANDREWS, TODD
	Address	701 WESTERN AVENUE	Address	C/O PUBLIC STORAGE 701 WESTERN AVENUE
	City-State-Zip:	GLENDALE CA 91201	City-State-Zip:	GLENDALE CA 91201
	Title	ASST. SECRETARY	Title	SECRETARY
	Name	KAO, JOHN	Name	HUGHES, LILY Y
	Address	C/O PUBLIC STORAGE 701 WESTERN AVENUE	Address	C/O PUBLIC STORAGE 701 WESTERN AVENUE
	City-State-Zip:	GLENDALE CA 91201	City-State-Zip:	GLENDALE CA 91201
	Title	SENIOR VICE PRESIDENT	Title	VP
	Name	DOLL, DAVID F	Name	LINDER, SHARON
	Address	C/O PUBLIC STORAGE 701 WESTERN AVENUE	Address	C/O PUBLIC STORAGE 701 WESTERN AVENUE
	City-State-Zip:	GLENDALE CA 91201	City-State-Zip:	GLENDALE CA 91201
	Title	VP		
	Name	HABERMAN, GERARD E		
	Address	C/O PUBLIC STORAGE 701 WESTERN AVENUE		
	City-State-Zip:	GLENDALE CA 91201		

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: DREW ADAMS

VICE PRESIDENT

01/12/2017

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date