

**2018 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F12000004936

**FILED**  
**Jan 18, 2018**  
**Secretary of State**  
**CC5508910345**

**Entity Name:** U-STORE MANAGEMENT CORPORATION

**Current Principal Place of Business:**

1621 N. KENT STREET  
SUITE 812  
ARLINGTON, VA 22209

**Current Mailing Address:**

1621 N. KENT STREET  
SUITE 812  
ARLINGTON, VA 22209 US

**FEI Number:** 52-1150701

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           SELLERS, RICHARD L.  
Address        1621 N. KENT STREET  
                  SUITE 812  
City-State-Zip: ARLINGTON VA 22209

Title           DIRECTOR, VICE PRESIDENT  
Name           FENSTERWALD III, BERNARD  
Address        1621 N. KENT STREET  
                  SUITE 812  
City-State-Zip: ARLINGTON VA 22209

Title           DIRECTOR  
Name           GLICK, MICHAEL  
Address        1621 N. KENT STREET  
                  SUITE 812  
City-State-Zip: ARLINGTON VA 22209

Title           DIRECTOR  
Name           RENSHAW, LISA  
Address        1621 N. KENT STREET  
                  SUITE 812  
City-State-Zip: ARLINGTON VA 22209

Title           TREASURER  
Name           FENSTERWALD, PATRICIA L  
Address        1621 N. KENT STREET  
                  SUITE 812  
City-State-Zip: ARLINGTON VA 22209

Title           SECRETARY  
Name           SELLERS, HELEN V  
Address        1621 N. KENT STREET  
                  SUITE 812  
City-State-Zip: ARLINGTON VA 22209

Title           DIRECTOR  
Name           ADLER, DAN  
Address        1621 N. KENT STREET  
                  SUITE 812  
City-State-Zip: ARLINGTON VA 22209

*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:** RICHARD L. SELLERS

**PRESIDENT**

**01/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date