

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzella B. Mathan
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # **P03674** (9)

1. Corporation Name
NATIONAL SELF STORAGE MANAGEMENT, INC.

Principal Place of Business
**17 W WETMORE, SUITE 302
TUCSON AZ 85705**

Mailing Address
**17 W WETMORE, SUITE 302
TUCSON AZ 85705**



21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10/11/1984	03/16/1995
4. FEI Number	Applied For
86-0423232	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GORAY, GERALD A.
ONE PARK PLACE
621 N. W. 53RD STREET, SUITE 255
BOCA RATON, FL 33487**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 637.001 and 637.002, Florida Statutes, the above named corporation hereby certifies for the purpose of changing its registered office or registered agent, or both, in the State of Florida, that it was duly organized and authorized by the corporation's board of directors, then in, and accepted the appointment as registered agent, in accordance with and a copy of the provisions of Sections 637.001 and 637.002, Florida Statutes.

SIGNATURE: *Edward M. Sanders*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFF, ROBERT H	2. NAME	
STREET ADDRESS	17 W WETMORE, SUITE 300	3. STREET ADDRESS	
CITY-STATE-ZIP	TUCSON AZ 85705	4. CITY-STATE-ZIP	
TITLE	VDT	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, EDWARD M	6. NAME	
STREET ADDRESS	17 W WETMORE, SUITE 300	7. STREET ADDRESS	
CITY-STATE-ZIP	TUCSON AZ 85705	8. CITY-STATE-ZIP	
TITLE	S	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEEMA, TERRI L	10. NAME	
STREET ADDRESS	17 W WETMORE, SUITE 300	11. STREET ADDRESS	
CITY-STATE-ZIP	TUCSON AZ 85705	12. CITY-STATE-ZIP	
TITLE	V	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, BRUCE	14. NAME	
STREET ADDRESS	17 W WETMORE, SUITE 300	15. STREET ADDRESS	
CITY-STATE-ZIP	TUCSON AZ 85705	16. CITY-STATE-ZIP	
TITLE	D	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFF, W. MICHAEL	18. NAME	
STREET ADDRESS	17 W WETMORE, SUITE 300	19. STREET ADDRESS	
CITY-STATE-ZIP	TUCSON AZ 85705	20. CITY-STATE-ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	

14. I do hereby certify that the foregoing sample was prepared in good faith and of equal quality to the original specimen. I further certify that the information included 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 corporation's board of directors, or an authorized representative of the corporation as provided in Article 637.001, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or in an addition to, with an address.

SIGNATURE: *Edward M. Sanders*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward M. Sanders, Treasurer

(520) 577-9898

CR2E034 (12/95)