

1.) CORPORATION NAME:

**FLUVANNA SELF-STORAGE CORPORATION**

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CARLOS P. BURNS  
21 BURNS PLAZA  
PALMYRA, VA**

SCC ID NO: **03951290**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	6,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FLUVANNA COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 21 BURNS PLZ

CITY/ST/ZIP: PALMYRA, VA 22963

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CARLOS P BURNS TITLE: PRES/TREAS ADDRESS: 29 WHIPPOORWILL LANE CITY/ST/ZIP/CO: PALMYRA, VA 22963	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CARLOS A BURNS TITLE: VICE PRESIDENT ADDRESS: 40 XEBEC ROAD CITY/ST/ZIP/CO: PALMYRA, VA 22963	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS H BURNS TITLE: DIRECTOR ADDRESS: 17 GLENENNING ST CITY/ST/ZIP/CO: NORWALK, CT 06851	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOAN B SARGENT TITLE: DIRECTOR ADDRESS: 8 COURT OF OAKS CITY/ST/ZIP/CO: WESTPORT, CT 06880	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CARLOS A BURNS	CARLOS A BURNS, VICE	6/4/2014
_____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	_____ PRESIDENT PRINTED NAME AND CORPORATE TITLE	_____ DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.