

SCC eFile

2016 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

216519276

1.) CORPORATION NAME:

**FLUVANNA SELF-STORAGE CORPORATION**

DUE DATE: **7/31/2016**

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.

|                 |                      |   |  |
|-----------------|----------------------|---|--|
|                 |                      | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| 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 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 |                                  |  |

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.

|   |   |                  |
|---|---|------------------|
| <u>/s/ CARLOS A BURNS</u>                           | CARLOS A BURNS, VICE                          | <u>5/23/2016</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRESIDENT<br>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.