

1.) CORPORATION NAME:

STORAGE (DE) QRS 14-23, INC.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1390527**

RICHMOND, VA 23219

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 50 ROCKEFELLER PLZ 2ND FLR

CITY/ST/ZIP: NEW YORK, NY 10020

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: | GINO SABATINI | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 50 ROCKEFELLER PLZ SECOND FLOOR | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10020-1605 | | |

| | | | |
|-----------------|----------------------------|---|-----------------------------------|
| NAME: | SUSAN C HYDE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 50 ROCKEFELLER PLZ 2ND FLR | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10020-1605 | | |

| | | | |
|-----------------|-----------------------------------|---|-----------------------------------|
| NAME: | JEFFREY ZOMBACK | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 50 ROCKEFELLER PLAZA 2ND FLOOR | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10020 | | |

| | | | |
|-----------------|------------------------------|---|-----------------------------------|
| NAME: | JULIE DWYER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST TREASURER | | |
| ADDRESS: | 50 ROCKEFELLER PLAZA, 2ND FL | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10020 | | |

| | | | |
|-----------------|--------------------------------|----------------------------------|--|
| NAME: | DR. MARSHALL E BLUME | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 50 ROCKEFELLER PLAZA 2ND FL | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10020-1605 | | |

| | | | |
|-----------------|---------------------------------|----------------------------------|--|
| NAME: | ELIZABETH P. MUNSON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 50 ROCKEFELLER PLAZA, 2ND FLOOR | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10020 | | |

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|--|--|----------------------------------|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | RICHARD J. PINOLA DIRECTOR 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020 | <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/ JULIE DWYER | JULIE DWYER, ASST TREASURER | 8/24/2012 | |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | 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. | | | |