

| 1.) CORPORATION NAME:<br><b>TWENTY-FOUR SAC SELF-STORAGE GP CORPORATION</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>         4701 COX ROAD, SUITE 285<br/>         GLEN ALLEN, VA</b><br>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b><br>4.) STATE OR COUNTRY OF INCORPORATION:<br><b>NV</b> | DUE DATE: <b>4/30/2014</b><br>SCC ID NO: <b>F1508102</b><br>5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td style="text-align: center;">1,000</td> </tr> <tr> <td>PREFER</td> <td style="text-align: center;">1,000</td> </tr> </tbody> </table> | CLASS | AUTHORIZED | COMMON | 1,000 | PREFER | 1,000 |
|--|---|-------|------------|--------|-------|--------|-------|
| CLASS  | AUTHORIZED  |       |            |        |       |        |       |
| COMMON   | 1,000   |       |            |        |       |        |       |
| PREFER   | 1,000   |       |            |        |       |        |       |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 1250 E MISSOURI AVE<br><br>CITY/ST/ZIP: PHOENIX, AZ 85014 |
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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.

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| NAME: MARK V SHOEN<br>TITLE: PRESIDENT<br>ADDRESS: 1250 E MISSOURI AVE<br>CITY/ST/ZIP/CO: PHOENIX, AZ 85014 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: BRUCE G BROCKHAGEN<br>TITLE: S/T<br>ADDRESS: 2721 N CENTRAL AVE<br>CITY/ST/ZIP/CO: PHOENIX, AZ 85004  | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME: ALAN STACHURA<br>TITLE: DIRECTOR<br>ADDRESS: 1209 ORANGE ST<br>CITY/ST/ZIP/CO: WILMINGTON, DE 19801   | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LAURA J VITALO<br>TITLE: DIRECTOR<br>ADDRESS: 1209 ORANGE ST<br>CITY/ST/ZIP/CO: WILMINGTON, DE 19801  | <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/ BRUCE G BROCKHAGEN                              | BRUCE G BROCKHAGEN, S/T          | 4/15/2014 |
| 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.