

1.) CORPORATION NAME:

CubeSmart TRS, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **12/31/2011**

SCC ID NO: **F1651209**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 460 E. SWEDESFORD ROAD
STE 3000

CITY/ST/ZIP: WAYNE, PA 19087-

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: DEAN JERNIGAN OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 460 E. SWEDESFORD ROAD
STE 3000
CITY/ST/ZIP/CO: WAYNE, PA 19087-

NAME: JEFFREY P FOSTER OFFICER DIRECTOR
TITLE: VP/SEC
ADDRESS: 460 E SWEDESFORD RD
STE 3000
CITY/ST/ZIP/CO: WAYNE, PA 19087-

NAME: CHRISTOPHER P MARR OFFICER DIRECTOR
TITLE: VP/TREAS
ADDRESS: 460 E. SWEDESFORD RD
STE 3000
CITY/ST/ZIP/CO: WAYNE, PA 19087-

NAME: TIMOTHY MARTIN OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 460 E SWEDESFORD ROAD
STE 3000
CITY/ST/ZIP/CO: WAYNE, PA 19087-

NAME: DOUG TYRELL TITLE: VP/ASST TREAS ADDRESS: 460 E SEWDESFORD RD STE 3000 CITY/ST/ZIP/CO: WAYNE, PA 19087-	<input checked="" type="checkbox"/> OFFICER	<input 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.

<u>/s/ JEFFREY P FOSTER</u>	<u>JEFFREY P FOSTER, VP/SEC</u>	<u>12/23/2011</u>
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.