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Apr 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 851350 (9)

1. Corporation Name  
CAPITAL ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business  
7175 W. JEFFERSON AVE.  
SUITE 4000  
LAKEWOOD CO 80235

Mailing Address  
7175 W. JEFFERSON AVE.  
SUITE 4000  
LAKEWOOD CO 80235-2329



2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

25 USA

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

30 USA

3. Date Incorporated or Qualified  
12/21/1981

3a. Date of Last Report  
03/12/1996

4. FEI Number

84-0724694

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LACEY, DENNIS J  
STREET ADDRESS 7175 W. JEFFERSON AVENUE, SUITE 4000  
CITY-ST-ZIP LAKEWOOD CO 80235

DELETE

TITLE SVPT  
NAME CHRISTENSEN, JOHN E  
STREET ADDRESS 7175 W. JEFFERSON AVENUE, SUITE 4000  
CITY-ST-ZIP LAKEWOOD CO 80235

DELETE

TITLE SVP  
NAME DIPALO, ANTHONY M  
STREET ADDRESS 7175 W. JEFFERSON AVENUE, SUITE 4000  
CITY-ST-ZIP LAKEWOOD CO 80235

DELETE

TITLE SVPS  
NAME ARGO, MARTHA L  
STREET ADDRESS 7175 W. JEFFERSON AVENUE, SUITE 4000  
CITY-ST-ZIP LAKEWOOD CO 80235

DELETE

TITLE AVP  
NAME CAMPBELL, ROBERT D  
STREET ADDRESS 7175 W. JEFFERSON AVENUE, SUITE 4000  
CITY-ST-ZIP LAKEWOOD CO 80235

DELETE

TITLE D  
NAME WALKER, JAMES D  
STREET ADDRESS 7175 W. JEFFERSON AVENUE, SUITE 4000  
CITY-ST-ZIP LAKEWOOD CO 80235

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Campbell 2-28-97

(303) 980-1000

CR2E034 (9/96)