

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90113 009 ***150.00

0544147

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 851350

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1981

4. FEI Number

84-0724694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME WALKER, J D
STREET ADDRESS 7175 W JEFFERSON AVE, STE 4000
CITY-ST-ZIP LAKEWOOD CO 80235

TITLE AVP ☐ DELETE

NAME TURNER, H F
STREET ADDRESS 7175 W JEFFERSON AVE, STE 4000
CITY-ST-ZIP LAKEWOOD CO 80235

TITLE STD ☐ DELETE

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

TITLE VS ☒ DELETE

NAME TEIGEN, P J
STREET ADDRESS 7175 W JEFFERSON AVE, STE 4000
CITY-ST-ZIP LAKEWOOD CO 80235

TITLE D ☐ DELETE

NAME BUCKLAND, W H
STREET ADDRESS 7175 W JEFFERSON
CITY-ST-ZIP LAKEWOOD CO 80235

TITLE D ☐ DELETE

NAME JACOBS, G M
STREET ADDRESS 7175 W. JEFFERSON AVENUE, SUITE 4000
CITY-ST-ZIP LAKEWOOD CO 80235

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 VS ☐ 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 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, with all other like empowered.

SIGNATURE:

Howard Turner

Howard Turner

4/28/99

Date

Daytime Phone #

CR2E034 (1/198)