2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001365

Entity Name: CAI LEASE SECURITIZATION - II CORP.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3300 S PAR STE 500 AURORA, C					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
3300 S PAR STE 500 AURORA, (
FEI Number: 8	84-1466987	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1200 SOUT	DRATION SYS H PINE ISLAN DN, FL 33324				
The above r in the State		ubmits this statement for the purp	ose of changing its register	red office or registered agent, or both,	
SIGNATUR	E:				
	Electroni	c Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
011102110	AND DIRECT	ORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		Delete ANDALL R	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS: () Change () Addition	
Title: Name: Address:	PD () DIETRICH, W. R 8321 OTERO CI ENGLEWOOD, (Delete ANDALL R CO 80012 Delete ANDALL RECT	Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () DIETRICH, W. R 8321 OTERO CI ENGLEWOOD, () D () DIETRICH, W. R 4737 S FILLMOI ENGLEWOOD, ()	Delete ANDALL R CO 80012 Delete ANDALL RE CT CO 80110 Delete ERT S DE ST	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	PD () DIETRICH, W. R 8321 OTERO CI ENGLEWOOD, () DIETRICH, W. R 4737 S FILLMOF ENGLEWOOD, () VP () POSSEHL, ROB 3820 S GLENCO DENVER, CO 86	Delete ANDALL R CO 80012 Delete ANDALL RE CT CO 80110 Delete ERT S DE ST D237 Delete DPHER R ROAD #500	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S. POSSEHL VP 01/04/2008