

FILE NOW: FILING FEE AFTER MAY 1, IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000944 (0)

1. Corporation Name

CAI PARTNERS MANAGEMENT COMPANY



Principal Place of Business

Mailing Address

7175 W JEFFERSON, 3RD FLOOR
LAKEWOOD CO 80235

7175 W JEFFERSON, 3RD FLOOR
LAKEWOOD CO 80235

2. Principal Place of Business

2a. Mailing Address

21 7175 W. Jefferson Avenue
Suite, Apt. #, etc.

26 7175 W. Jefferson Avenue
Suite, Apt. #, etc.

22 Suite 4000
City & State

27 Suite 4000
City & State

23 Lakewood, Colorado

28 Lakewood, Colorado

24 Zip 80235
Country

25 USA

29 Zip 80235
Country

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/11/1992

3a. Date of Last Report
03/01/1995

4. FEI Number

84-1066243

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box or Mailing Address)
200001739733
-03/12/96--01064--007

83 ***200.00

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

(Sign or type or print name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	OLMSTEAD, JOHN F	7175 W. JEFFERSON, 3RD FLOOR	LAKEWOOD CO 80202	<input type="checkbox"/>
S	KERZNER, EDWARD J	7175 W. JEFFERSON AVE., #300	LAKEWOOD CO	<input checked="" type="checkbox"/>
VD	CHRISTENSEN, JOHN E	7175 W. JEFFERSON, 3RD FLOOR	LAKEWOOD CO	<input type="checkbox"/>
VD	LACEY, DENNIS J	7175 W. JEFFERSON, 3RD FLOOR	LAKEWOOD CO 80202	<input checked="" type="checkbox"/>
VD	DIPAOLLO, ANTHONY	7175 W. JEFFERSON, 3RD FLOOR	LAKEWOOD CO	<input checked="" type="checkbox"/>
AVPD	ABERNETHY, RICHARD H	7175 W. JEFFERSON AVE., #3000	LAKEWOOD CO	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
P/D	Olmstead, John F.	7175 W. Jefferson Avenue, Suite 4000	Lakewood, CO 80235	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SVP/D	Lacey, Dennis J.	7175 W. Jefferson Avenue, Suite 4000	Lakewood, CO 80235	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SVP/D	Christensen, John E.	7175 W. Jefferson Avenue, Suite 4000	Lakewood, CO 80235	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SVP/D	DiPaolo, Anthony M.	7175 W. Jefferson Avenue, Suite 4000	Lakewood, CO 80235	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Anderson, David J.	7175 W. Jefferson Avenue, Suite 4000	Lakewood, CO 80235	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AVP	Campbell, Robert J.	7175 W. Jefferson Avenue, Suite 4000	Lakewood, CO 80235	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, AVP

1-31-96

(303) 980-1000

Date

Daytime Phone

516 3-12-96

CR2E034 (12/95)