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Apr 03 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 # F92000000944 (0)

1. Corporation Name

CAI PARTNERS MANAGEMENT COMPANY

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



3. Date Incorporated or Qualified
12/11/1992

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

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

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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	<input type="checkbox"/> DELETE
NAME	OLMSTEAD, JOHN F	
STREET ADDRESS	7175 W JEFFERSON AVE, SUITE 4000	
CITY - ST - ZIP	LAKEWOOD CO 80235	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DIPAOLLO, ANTHONY M	
STREET ADDRESS	7175 W JEFFERSON AVE, SUITE 4000	
CITY - ST - ZIP	LAKEWOOD CO 80235	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, JOHN E	
STREET ADDRESS	7175 W JEFFERSON AVE, SUITE 4000	
CITY - ST - ZIP	LAKEWOOD CO 80235	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LACEY, DENNIS J	
STREET ADDRESS	7175 W. JEFFERSON, 3RD FLOOR	
CITY - ST - ZIP	LAKEWOOD CO 80202	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDERSON, DAVID J	
STREET ADDRESS	7175 W JEFFERSON AVE, SUITE 4000	
CITY - ST - ZIP	LAKEWOOD CO 80235	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	CAMPBELL, ROBERT J	
STREET ADDRESS	7175 W JEFFERSON AVE, SUITE 4000	
CITY - ST - ZIP	LAKEWOOD CO 80235	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

Robert J. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Campbell

2-28-97

Date

(30) 980-1000

Daytime Phone #

CR2E034 (9/96)