

ACCOUNT NO.

072100000032

REFERENCE

875038

7106782

AUTHORIZATION <

COST LIMIT

ORDER DATE: June 29, 1998

ORDER TIME : 10:35 AM

ORDER NO.

: 875038-815

CUSTOMER NO:

7106782

CUSTOMER: Mr. Philip J. Teigen

Capital Associates 7175 W. Jefferson Ave

Suite 4000

Lakewood, CO 80235

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400002611514--3

CHANGE OF AGENT

NAME:

CAI PARTNERS MANAGEMENT

COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

DIVISION OF CORPORATION 98 AUG 10 AM 11: 28

R.A. Charge

Florida Department of State, Sandra B. Mortham, Secretary of State

* * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of sections 607.0502, 617.0502, 607.1	508, or 617.1508, Florida Statutes, the
undersigned co	orporation organized under the laws of the State of	Colorado
submits the foli	lowing statement in order to change its registered o	office or registered agent, or both, in the
State of Florida	7.	
	f the corporation is:	
CAI Partr	ners Management Company	···
2. The mailing	address of the corporation is: 4000, 7175 W Je:	fferson Ave
Lakewood	, CO 80235	
3. Date of inco	rporation/qualification: December 11, 1992 D	ocument number: F92000000944
4. The name an	d address of the current registered agent and office:	THE WAY
	CT Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	70%
5. The name ar	nd address of the new registered agent and office: (P	. O. Box Not Acceptable)
	Corporation Service Company	
	1201 Hays Street	
	Tallahassee, FL 32301	
	ress of its registered office and the street address ged, will be identical.	
Such change vauthorized by	vas authorized by resolution duly adopted by its b the board.	poard of directors or by an officer so
(Signature	of an officer, chairman or vice chairman of the board)	(Date)
John F. Olmste	ead, President	
	(Printed or typed name and title)	(Date)
corporation, I I further agree performance o registered age		nt and agree to act in this capacity. tive to the proper and complete
/	Service Company Augu () () ()	8-6-98
	(Signature of Registered Agent)	(Date)
If signing on beh	alf of an entity:	
Karen Harris		Assistant Vice President
	(Typed or Printed Name)	(Capacity)