

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000950 (7)

1. Corporation Name

CAI EQUIPMENT LEASING I CORP.



Principal Place of Business 7175 W. JEFFERSON AVENUE SUITE 4000 LAKEWOOD CO 80235 US	Mailing Address 7175 W. JEFFERSON AVENUE SUITE 4000 LAKEWOOD CO 80235 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1992	
21		26		4. FEI Number 84-1094321	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24		29			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLMSTEAD, JOHN F	1.2 NAME	
STREET ADDRESS	7175 W. JEFFERSON AVENUE, SUITE 4000	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO	1.4 CITY-ST-ZIP	
TITLE	SVPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	AVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LACEY, DENNIS J	2.2 NAME	Turner, Howard F
STREET ADDRESS	7175 W. JEFFERSON AVENUE, SUITE 4000	2.3 STREET ADDRESS	7175 W. Jefferson Avenue, Suite 4000
CITY-ST-ZIP	LAKEWOOD CO	2.4 CITY-ST-ZIP	Lakewood, CO 80235
TITLE	SVPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTENSEN, JOHN E	3.2 NAME	Abernethy, Richard H
STREET ADDRESS	7175 W. JEFFERSON AVENUE, SUITE 4000	3.3 STREET ADDRESS	7175 W. Jefferson Avenue, Suite 4000
CITY-ST-ZIP	LAKEWOOD CO	3.4 CITY-ST-ZIP	Lakewood, CO 80235
TITLE	SVPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPALO, ANTHONY	4.2 NAME	
STREET ADDRESS	7175 W. JEFFERSON AVENUE, SUITE 4000	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DAVID J	5.2 NAME	
STREET ADDRESS	7175 W. JEFFERSON AVENUE, SUITE 4000	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, ROBERT J.	6.2 NAME	Reed, John A
STREET ADDRESS	7175 W. JEFFERSON AVENUE, SUITE 4000	6.3 STREET ADDRESS	7175 W. Jefferson Avenue, Suite 4000
CITY-ST-ZIP	LAKEWOOD CO	6.4 CITY-ST-ZIP	Lakewood, CO 80235

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.

SIGNATURE: Howard F. Turner

4/23/98

(303) 980-1000

CR2E034 (10/97)