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FILED
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 # F93000005640 (8)

1. Corporation Name

CAI EQUIPMENT LEASING III CORP.



Principal Place of Business

7175 WEST JEFFERSON AVE.
SUITE 4000
LAKEWOOD CO 80235

Mailing Address

7175 WEST JEFFERSON AVE.
SUITE 4000
LAKEWOOD CO 80235-2329

3. Date Incorporated or Qualified
12/13/1993

3a. Date of Last Report
03/08/1996

4. FEI Number
84-1184608

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 WEST JEFFERSON AVE. SUITE 4000	
CITY - ST - ZIP	LAKEWOOD CO 80235	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LACEY, DENNIS J	
STREET ADDRESS	7175 WEST JEFFERSON AVE. SUITE 4000	
CITY - ST - ZIP	LAKEWOOD CO 80235	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, JOHN E	
STREET ADDRESS	7175 WEST JEFFERSON AVE. SUITE 4000	
CITY - ST - ZIP	LAKEWOOD CO 80235	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DIPAOLLO, ANTHONY M	
STREET ADDRESS	7175 WEST JEFFERSON AVE. SUITE 4000	
CITY - ST - ZIP	LAKEWOOD CO 80235	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDERSON, DAVID J	
STREET ADDRESS	7175 WEST JEFFERSON AVE. SUITE 4000	
CITY - ST - ZIP	LAKEWOOD CO 80235	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	CAMPBELL, ROBERT J	
STREET ADDRESS	7175 WEST JEFFERSON AVE. SUITE 4000	
CITY - ST - ZIP	LAKEWOOD CO 80235	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Campbell

2-28-97

(303) 980-1000

Date

Daytime Phone #

0607653

CR2E034 (9/96)