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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/13/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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 fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME OLMSTEAD, JOHN F
STREET ADDRESS 7175 WEST JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP LAKEWOOD CO 80235

TITLE VSD
NAME LACEY, DENNIS J
STREET ADDRESS 7175 WEST JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP LAKEWOOD CO 80235

TITLE VSD
NAME CHRISTENSEN, JOHN E
STREET ADDRESS 7175 WEST JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP LAKEWOOD CO 80235

TITLE VSD
NAME DIPAOLO, ANTHONY M
STREET ADDRESS 7175 WEST JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP LAKEWOOD CO 80235

TITLE S
NAME ANDERSON, DAVID J
STREET ADDRESS 7175 WEST JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP LAKEWOOD CO 80235

TITLE AVP
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE AVP
2.2 NAME Turner, Howard F.
2.3 STREET ADDRESS 7175 W. Jefferson Avenue, Suite 4000
2.4 CITY-ST-ZIP Lakewood, CO 80235

3.1 TITLE D
3.2 NAME Abernethy, Richard H.
3.3 STREET ADDRESS 7175 W. Jefferson Avenue, Suite 4000
3.4 CITY-ST-ZIP Lakewood, CO 80235

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D
6.2 NAME Reed, John A.
6.3 STREET ADDRESS 7175 W. Jefferson Avenue, Suite 4000
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.

CR2E034 (10/97)