Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

□No

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9300005640

1. Corporation Name

	IPMENT LEASING III CO								
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 SPAC					
					3. Date incorporated or Qualifed 12/13/1993				
2. Principal Pla	ace of Business	2a. Mailing Addres	s			4. FEI Number 84-1184608			
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.		
City & State City & State						6. Election Campaign Financing Trust Fund Contribution	\$5 Ac		
Zip	Country 25	Zip 29	Zip Country			This corporation owes the current year Interpretation Property Tax.	angible		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent		
COBI	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name								
	HAYS STREET	141	82 Street Add		Street Add	dress (P.O. Box Number is Not Acceptable)			
TALL	AHASSEE FL 32301-2525			83					
				84	City	FI	85		

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90050 048 ***150.00



9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
			81	Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Street	Street Address (D.O. Roy Number is Not Accordable)					
				Street Address (P.O. Box Number is Not Acceptable)						
	The Market Control		84	City	F	85 Zip C	ode			
11. Pursuant	to the provisions of Sections 607 0502 and 607 1508	3. Florida Statutes.	the above	l e-named	corporation submits this statement for the purpose	of changing its	registered			
office or r	egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	i change was auth	orized by	the corpo	pration's board of directors. I hereby accept the app	pointment as reg	jistered			
SIGNATURE					DATE					
12.	Signature, typed or printed name of registered agent and title if applicable		gistered Agen	it signature ri	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12			
	OFFICERS AND DIRECTORS	DELETE	1.1 TITLE		ADDITIONS/GITANGES TO GIT IGENO	Change	Addition			
TITLE	PD COMPANY TO THE PROPERTY OF	[] DELLIE								
VAME	OLMSTEAD, JOHN F		1.2 NAME							
STREET ADDRESS	7175 WEST JEFFERSON AVE. SUITE 4000			ADDRESS						
CITY-ST-ZIP	LAKEWOOD CO 80235	Concern	1.4 CITY-S	T-ZIP		X Change	Addition			
TITLE	AVP	☐ DELETE	2.1 TITLE			[X] Change	[_] Addition			
NAME	TURNE, HOWARD F		2.2 NAME		Turner, Howard F.					
STREET ADDRESS	7175 WEST JEFFERSON AVE. SUITE 4000		2.3 STREET	ADORESS						
CITY-ST-ZIP	LAKEWOOD CO 80235		2.4 CITY-S	T-ZIP			CO to a distant			
TITLE	D	☐ DELETE	31 TITLE			[X] Change	Addition			
NAME	ABERNATHY, RICHARD H		3.2 NAME		Abernethy, Richard H.					
STREET ADDRESS	7175 WEST JEFFERSON AVE. SUITE 4000		3.3 STREET	ADDRESS						
CITY-ST-ZIP	LAKEWOOD CO 80235		3.4. CITY-S	T-ZIP						
TITLE	VSD	☐ DELETE	4.1 TITLE			Change	Addition			
NAME	DIPAOLO, ANTHONY M		4. 2 NAME	ĺ						
STREET ADDRESS	7175 WEST JEFFERSON AVE. SUITE 4000		4.3 STREET	ADDRESS						
CITY-ST-ZIP	LAKEWOOD CO 80235		4.4 CITY-S1	r-ZIP						
TITLE	S	DELETE	5.1 TITLE	-		Change	Addition			
NAME	ANDERSON, DAVID J		5.2 NAME	i						
STREET ADDRESS	7175 WEST JEFFERSON AVE. SUITE 4000		5.3 STREET	ADDRESS						
C(TY-ST-ZIP	LAKEWOOD CO 80235		5.4 CITY-ST	r-zip		-				
TITLE	D	X DELETE	6.1 TITLE		D	Change	X Addition			
NAME .	REED. JOHN A		6.2 NAME	[Myers, Mick E.					
STREET ADDRESS			6.3 STREET	ADDRESS	7175 W. Jefferson Avenue, Suite	4000				
CITY ST-ZIP	LAKEWOOD CO 80235		6.4 CITY-ST	r-zip	Lakewood, CO 80235					
14. I hereby o	certify that the information supplied with this filing doe	s not qualify for the	e exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I further of	certify that the in	formation			

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, with all other like empowered.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard Turner

4/28/99

Daytime Phone #