

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005640

1. Entity Name

CAI EQUIPMENT LEASING III CORP.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90030 013 ***150.00

Principal Place of Business

Mailing Address

7175 WEST JEFFERSON AVE.
SUITE 4000
LAKEWOOD CO 80235

7175 WEST JEFFERSON AVE.
SUITE 4000
LAKEWOOD CO 80235-2336

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1184608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AVP ☒ Delete
NAME TURNER, HOWARD F
STREET ADDRESS 7175 WEST JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP LAKEWOOD CO 80235

TITLE VP S.T. D ☐ Change ☒ Addition
NAME Bukofski, Joseph F
STREET ADDRESS 7175 W Jefferson Ave, Suite 4000
CITY-ST-ZIP Lakewood, CO 80235

TITLE D ☐ Delete
NAME ABERNETHY, RICHARD H
STREET ADDRESS 7175 WEST JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP LAKEWOOD CO 80235

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete
NAME MYERS, MICK E
STREET ADDRESS 7175 WEST JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP LAKEWOOD CO 80235

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph F. Bukofski 1-14-2000 (303) 980-1000

Date

Daytime Phone #

CR2E034 (9/99)