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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 # F95000001072 (6)

1. Corporation Name

CAI EQUIPMENT LEASING IV CORP.

Principal Place of Business

Mailing Address

7175 W. JEFFERSON AVE.
SUITE 4000
LAKEWOOD CO 80235

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 USA

29 30 USA

3. Date Incorporated or Qualified

03/07/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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
NAME OLMSTEAD, JOHN F
STREET ADDRESS 7175 W. JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP LAKEWOOD CO 80235 ☐ DELETE

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

TITLE AVP
NAME CAMPBELL, ROBERT J
STREET ADDRESS 7175 W. JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP LAKEWOOD CO 80235 ☐ DELETE

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

TITLE VSD
NAME DIPALO, ANTHONY M
STREET ADDRESS 7175 W. JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP LAKEWOOD CO 80235 ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Robert J. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Campbell

2-28-97

(303) 980-1000

Date

Daytime Phone #

CR2E034 (9/96)