


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

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

05-06-1999 90050 047 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F95000001072**

1. Corporation Name  
**CAI EQUIPMENT LEASING IV CORP.**



Principal Place of Business <b>7175 W. JEFFERSON AVE. SUITE 4000 LAKEWOOD CO 80235</b>	Mailing Address <b>7175 W. JEFFERSON AVE. SUITE 4000 LAKEWOOD CO 80235</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/07/1995</b>	
		4. FEI Number <b>84-1184608</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLMSTEAD, JOHN F	1.2 NAME	
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO 80235	1.4 CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, HOWARD F	2.2 NAME	
STREET ADDRESS	7175 W JEFFERSON AVENUE SUITE #4000	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO 80235	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERNATHY, RICHARD H	3.2 NAME	Abernathy, Richard H.
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO 80235	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, JOHN A	4.2 NAME	Myers, Mick E.
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000	4.3 STREET ADDRESS	7175 W. Jefferson Avenue, Suite 4000
CITY-ST-ZIP	LAKEWOOD CO 80235	4.4 CITY-ST-ZIP	Lakewood, CO 80235
TITLE	VSD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPAOLLO, ANTHONY M	5.2 NAME	
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO 80235	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DAVID J	6.2 NAME	
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD CO 80235	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

*Howard Turner*

Howard Turner

4/28/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)