

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91561 034 ***550.00

DOCUMENT # F95000001072

1. Entity Name

CAI EQUIPMENT LEASING IV CORP.

Principal Place of Business

**7175 W. JEFFERSON AVE.
 SUITE 4000
 LAKEWOOD CO 80235**

Mailing Address

**7175 W. JEFFERSON AVE.
 SUITE 4000
 LAKEWOOD CO 80235**

767417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2750 S. Wadsworth

3. Mailing Address

2750 S. Wadsworth

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C200

Suite C200

City & State

City & State

Denver CO

Denver CO

Zip

Country

Zip

Country

80227

Denver

80227

Denver

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	OLMSTEAD, JOHN F	
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000	
CITY-ST-ZIP	LAKEWOOD CO 80235	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	BUKOFSKI, JOSEPH F	
STREET ADDRESS	7175 W JEFFERSON AVENUE SUITE #4000	
CITY-ST-ZIP	LAKEWOOD CO 80235	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABERNETHY, RICHARD H	
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000	
CITY-ST-ZIP	LAKEWOOD CO 80235	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYERS, MICK E	
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000	
CITY-ST-ZIP	LAKEWOOD CO 80235	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2750 S. Wadsworth Suite C200	
CITY-ST-ZIP	Denver CO 80227	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Seifert	
STREET ADDRESS	2750 S. Wadsworth Suite C200	
CITY-ST-ZIP	Denver CO 80227	
TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Landi	
STREET ADDRESS	2750 S. Wadsworth Suite C200	
CITY-ST-ZIP	Denver CO 80227	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Shaw	
STREET ADDRESS	2750 S. Wadsworth Suite C200	
CITY-ST-ZIP	Denver CO 80227	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Debra Seifert
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/4/01

CR2E034 (10/00)