2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F9700003007** Apr 20, 2000 8:00 am Secretary of State CAI EQUIPMENT LEASING V CORP. 04-20-2000 90034 014 ***150.00 Principal Place of Business Mailing Address 7175 W. JEFFERSON AVE. #4000 7175 W. JEFFERSON AVE. #4000 LAKEWOOD CO 80235-2336 LAKEWOOD CO 80123 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 84-1348277 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE NAME OLMSTEAD, JOHN F STREET ADDRESS STREET ADDRESS 7175 W. JEFFERSON AVE. #4000 CITY-ST-ZIP CITY-ST-ZIP LAKEWOOD CO 80123 ☐ Addition TITLE Delete ☐ Channe NAME NAMÉ DIPAOLO, ANTHONY M STREET ADDRESS STREET ADDRESS 7175 W. JEFFERSON AVE. #4000 CITY-ST-7IP CITY-ST-ZIP LAKEWOOD CO 80123 VP, D, S, T. Dukofski, Joseph F 7175 W Jefferson Ave, Ste 4000 X Addition TITLE Delete TITLE NAME TURNER, HOWARD F NAME STREET ADDRESS STREET ADDRESS 7175 W. JEFFERSON AVE. #4000 Co 80235 City-ST-7IP Lakewood CITY-ST-ZIP LAKEWOOD CO 80123 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME MYERS. MICK E STREET ADDRESS STREET ADDRESS 7175 W. JEFFERSON AVE. #4000 CITY-ST-ZIP CITY-ST-7IP LAKEWOOD CO 80235 ☐ Change ☐ Addition 💢 Delete TITLE TITLE NAME NAME ANDERSON, DAVID J STREET ADDRESS STREET ADDRESS 7175 W. JEFFERSON AVE. #4000 CITY-ST-ZIP CITY-ST-ZIP LAKEWOOD CO 80123 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ABERNETHY, RICHARD H NAME STREET ADDRESS STREET ADDRESS 7175 W. JEFFERSON AVE. #4000 CITY-ST-ZIP CITY-ST-ZIP LAKEWOOD CO 80123

changed, or on an attachment with an address, with all other like empowered. SIGNATURE: IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF

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