

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000003007**

1. Entity Name

**CAI EQUIPMENT LEASING V CORP.****FILED****May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91315 048 \*\*\*550.00

Principal Place of Business

7175 W. JEFFERSON AVE. #4000  
LAKEWOOD CO 80123

Mailing Address

7175 W. JEFFERSON AVE. #4000  
LAKEWOOD CO 80123

2. Principal Place of Business

2750 S. Wadsworth

Suite, Apt. #, etc.

Suite C200

City &amp; State

Denver CO

Zip

80227

Country

Denver

3. Mailing Address

2750 S. Wadsworth

Suite, Apt. #, etc.

Suite C200

City &amp; State

Denver CO

Zip

80227

Country

Denver



DO NOT WRITE IN THIS SPACE

4. FEI Number **84-1348277**

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  
NAME OLMSTEAD, JOHN F  
STREET ADDRESS 7175 W. JEFFERSON AVE. #4000  
CITY-ST-ZIP LAKEWOOD CO 80123 ☐ DeleteTITLE VD  
NAME DIPALO, ANTHONY M  
STREET ADDRESS 7175 W. JEFFERSON AVE. #4000  
CITY-ST-ZIP LAKEWOOD CO 80123 ☒ DeleteTITLE AVP  
NAME TURNER, HOWARD F  
STREET ADDRESS 7175 W. JEFFERSON AVE. #4000  
CITY-ST-ZIP LAKEWOOD CO 80123 ☒ DeleteTITLE D  
NAME MYERS, MICK E  
STREET ADDRESS 7175 W. JEFFERSON AVE. #4000  
CITY-ST-ZIP LAKEWOOD CO 80235 ☒ DeleteTITLE S  
NAME ANDERSON, DAVID J  
STREET ADDRESS 7175 W. JEFFERSON AVE. #4000  
CITY-ST-ZIP LAKEWOOD CO 80123 ☒ DeleteTITLE D  
NAME ABERNETHY, RICHARD H  
STREET ADDRESS 7175 W. JEFFERSON AVE. #4000  
CITY-ST-ZIP LAKEWOOD CO 80123 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2750 S. Wadsworth Suite C200  
CITY-ST-ZIP Denver CO 80227TITLE ☐ Change ☒ Addition  
NAME Secretary  
STREET ADDRESS Debra Seifert  
CITY-ST-ZIP 2750 S. Wadsworth Suite C200  
Denver CO 80227TITLE ☐ Change ☒ Addition  
NAME Controller  
STREET ADDRESS Susan Landi  
CITY-ST-ZIP 2750 S. Wadsworth Suite C200  
Denver CO 80227TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS David Shaw  
CITY-ST-ZIP 2750 S. Wadsworth Suite C200  
Denver CO 80227TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)