

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13870

(1)

1. Corporation Name

CAI SECURITIES CORPORATION

Principal Place of Business

**7175 W. JEFFERSON AVE
SUITE 3000
LAKEWOOD CO 80235**

Mailing Address

**7175 W. JEFFERSON AVE
SUITE 3000
LAKEWOOD CO 80235**



3. Date Incorporated or Qualified
04/01/1987

3a. Date of Last Report
03/01/1995

2. Principal Place of Business
21 7175 W. Jefferson Avenue

2a. Mailing Address
26 7175 W. Jefferson Avenue

4. FEI Number
68-0002657

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite 4000

Suite, Apt. #, etc.
27 Suite 4000

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

23 Lakewood, Colorado

28 Lakewood, Colorado

Zip

Country

Zip

Country

24 80235

25 USA

29 80235

30 USA

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 617.0502 and 617.1508, 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 617.0503, 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 **P** ☒ DELETE
NAME **ARRIGAN, SUSAN D**
STREET ADDRESS **7175 W JEFFERSON AV 3000**
CITY-ST-ZIP **LAKEWOOD CO**

TITLE **S** ☒ DELETE
NAME **KERZNER, EDWARD J**
STREET ADDRESS **7175 W JEFFERSON AV 3000**
CITY-ST-ZIP **LAKEWOOD CO**

TITLE **VD** ☒ DELETE
NAME **OLMSTEAD, JOHN F.**
STREET ADDRESS **7175 W JEFFERSON AV 3000**
CITY-ST-ZIP **LAKEWOOD CO**

TITLE **VD** ☒ DELETE
NAME **LACEY, DENNIS J.**
STREET ADDRESS **7175 W JEFFERSON AV 3000**
CITY-ST-ZIP **LAKEWOOD CO**

TITLE **AVP** ☒ DELETE
NAME **REED, JOHN A.**
STREET ADDRESS **7175 W JEFFERSON AV 3000**
CITY-ST-ZIP **LAKEWOOD CO**

TITLE **SVPD** ☒ DELETE
NAME **DIPAOLLO, ANTHONY M**
STREET ADDRESS **7175 W JEFFERSON AV 3000**
CITY-ST-ZIP **LAKEWOOD CO**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **McKibbin, R. Bruce**
1.3 STREET ADDRESS **7175 W. Jefferson Avenue, Suite 4000**
1.4 CITY-ST-ZIP **Lakewood, CO 80235**

2.1 TITLE **SVP/D** ☐ Change ☒ Addition
2.2 NAME **Lacey, Dennis J.**
2.3 STREET ADDRESS **7175 W. Jefferson Avenue, Suite 4000**
2.4 CITY-ST-ZIP **Lakewood, CO 80235**

3.1 TITLE **SVP/D** ☐ Change ☒ Addition
3.2 NAME **Christensen, John E.**
3.3 STREET ADDRESS **7175 W. Jefferson Avenue, Suite 4000**
3.4 CITY-ST-ZIP **Lakewood, CO 80235**

4.1 TITLE **SVP/D** ☐ Change ☒ Addition
4.2 NAME **DiPaolo, Anthony M.**
4.3 STREET ADDRESS **7175 W. Jefferson Avenue, Suite 4000**
4.4 CITY-ST-ZIP **Lakewood, CO 80235**

5.1 TITLE **S** ☐ Change ☒ Addition
5.2 NAME **Anderson, David J.**
5.3 STREET ADDRESS **7175 W. Jefferson Avenue, Suite 4000**
5.4 CITY-ST-ZIP **Lakewood, CO 80235**

6.1 TITLE **VP/D** ☐ Change ☒ Addition
6.2 NAME **Abernethy, Richard H.**
6.3 STREET ADDRESS **7175 W. Jefferson Avenue, Suite 4000**
6.4 CITY-ST-ZIP **Lakewood, CO 80235**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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, AVP

1-30-96

Date

(303) 980-1000

Daytime Phone #

CR2E037 (12/95)