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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P13870** (1)

1. Corporation Name

CAI SECURITIES CORPORATION

Principal Place of Business

Mailing Address

7175 WEST JEFFERSON AVENUE
SUITE 4000
LAKEWOOD CO 80235
US7175 WEST JEFFERSON AVENUE
SUITE 4000
LAKEWOOD CO 80235-2329
US3. Date Incorporated or Qualified
04/01/19873a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCKIBBIN, R B	
STREET ADDRESS	7175 WEST JEFFERSON AVENUE, SUITE 4000	
CITY-ST-ZIP	LAKEWOOD CO	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wadley, David	
1.3 STREET ADDRESS	7175 W. Jefferson Avenue, Suite 4000	
1.4 CITY-ST-ZIP	Lakewood, CO 80235	

TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	LACEY, DENNIS J	
STREET ADDRESS	7175 WEST JEFFERSON AVENUE, SUITE 4000	
CITY-ST-ZIP	LAKEWOOD CO	

2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Lakewood, CO 80235	

TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, JOHN E	
STREET ADDRESS	7175 WEST JEFFERSON AVENUE, SUITE 4000	
CITY-ST-ZIP	LAKEWOOD FL	

3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Lakewood, CO 80235	

TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	DIPAOLLO, ANTHONY	
STREET ADDRESS	7175 WEST JEFFERSON AVENUE	
CITY-ST-ZIP	LAKEWOOD CO	

4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	Lakewood, CO 80235	

TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDERSON, DAVID J	
STREET ADDRESS	7175 WEST JEFFERSON AVENUE, SUITE 4000	
CITY-ST-ZIP	LAKEWOOD CO	

5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	Lakewood, CO 80235	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ABERNETHY, RICHARD H	
STREET ADDRESS	7175 WEST JEFFERSON AVENUE, SUITE 4000	
CITY-ST-ZIP	LAKEWOOD CO	

6.1 TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Campbell, Robert J	
6.3 STREET ADDRESS	7175 West Jefferson Avenue, Suite 4000	
6.4 CITY-ST-ZIP	Lakewood, CO 80235	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Campbell

228-92

(303) 980-1000

Daytime Phone # 0076140

CR2E037 (9/96)