

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000005640 (8)**  
 1. Corporation Name  
**CAI EQUIPMENT LEASING III CORP.**



Principal Place of Business <b>7175 WEST JEFFERSON AVE. SUITE 4000 LAKEWOOD CO 80235</b>	Mailing Address <b>7175 WEST JEFFERSON AVE. SUITE 4000 LAKEWOOD CO 80235</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/13/1993</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
4. FEI Number <b>84-1184608</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
		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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>OLMSTEAD, JOHN F</b>		1.2 NAME	
STREET ADDRESS <b>7175 WEST JEFFERSON AVE. SUITE 4000</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKEWOOD CO 80235</b>		1.4 CITY-ST-ZIP	
TITLE <b>VSD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LACEY, DENNIS J</b>		2.2 NAME	<b>AVP</b>
STREET ADDRESS <b>7175 WEST JEFFERSON AVE. SUITE 4000</b>		2.3 STREET ADDRESS	<b>Turner, Howard F.</b>
CITY-ST-ZIP <b>LAKEWOOD CO 80235</b>		2.4 CITY-ST-ZIP	<b>7175 W. Jefferson Avenue, Suite 4000</b>
TITLE <b>VSD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CHRISTENSEN, JOHN E</b>		3.2 NAME	<b>D</b>
STREET ADDRESS <b>7175 WEST JEFFERSON AVE. SUITE 4000</b>		3.3 STREET ADDRESS	<b>Abernethy, Richard H.</b>
CITY-ST-ZIP <b>LAKEWOOD CO 80235</b>		3.4 CITY-ST-ZIP	<b>7175 W. Jefferson Avenue, Suite 4000</b>
TITLE <b>VSD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DIPAULO, ANTHONY M</b>		4.2 NAME	
STREET ADDRESS <b>7175 WEST JEFFERSON AVE. SUITE 4000</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKEWOOD CO 80235</b>		4.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANDERSON, DAVID J</b>		5.2 NAME	
STREET ADDRESS <b>7175 WEST JEFFERSON AVE. SUITE 4000</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKEWOOD CO 80235</b>		5.4 CITY-ST-ZIP	
TITLE <b>AVP</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CAMPBELL, ROBERT J</b>		6.2 NAME	<b>D</b>
STREET ADDRESS <b>7175 WEST JEFFERSON AVE. SUITE 4000</b>		6.3 STREET ADDRESS	<b>Reed, John A.</b>
CITY-ST-ZIP <b>LAKEWOOD CO 80235</b>		6.4 CITY-ST-ZIP	<b>7175 W. Jefferson Avenue, Suite 4000</b>

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)