

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91315 047 ***550.00

DOCUMENT # F93000005640

1. Entity Name
CAI EQUIPMENT LEASING III CORP.

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

2. Principal Place of Business 2750 S Wadsworth Suite, Apt. #, etc.	3. Mailing Address 2750 S Wadsworth Suite, Apt. #, etc.
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City & State Denver CO	City & State Denver CO
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4. FEI Number 84-1184608	Applied For <input type="checkbox"/> Not Applicable
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Zip 80227	Country Denver	Zip 80227	Country Denver
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD OLMSTEAD, JOHN F 7175 WEST JEFFERSON AVE. SUITE 4000 LAKEWOOD CO 80235 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP TURNER, HOWARD F 7175 WEST JEFFERSON AVE. SUITE 4000 LAKEWOOD CO 80235 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABERNETHY, RICHARD H 7175 WEST JEFFERSON AVE. SUITE 4000 LAKEWOOD CO 80235 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DIPAULO, ANTHONY M 7175 WEST JEFFERSON AVE. SUITE 4000 LAKEWOOD CO 80235 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, DAVID J 7175 WEST JEFFERSON AVE. SUITE 4000 LAKEWOOD CO 80235 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, MICK E 7175 WEST JEFFERSON AVE. SUITE 4000 LAKEWOOD CO 80235 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2750 S. Wadsworth Suite C200 Denver CO 80227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Debra Seifert 2750 S. Wadsworth Suite C200 Denver CO 80227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Controller Susan Landi 2750 S. Wadsworth Suite C200 Denver CO 80227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director David Shaw 2750 S. Wadsworth Suite C200 Denver CO 80227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Debra Seifert 5/14/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)