

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F95000001072 (6)**

1. Corporation Name

**CAI EQUIPMENT LEASING IV CORP.**



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  
**03/07/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7175 W. Jefferson Avenue

26 7175 W. Jefferson Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 4000

27 Suite 4000

City & State

City & State

23 Lakewood, Colorado

28 Lakewood, Colorado

Zip

Country

Zip

Country

24 80235

25 USA

29 80235

30 USA

4. FET Number  
**84-1184608**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
**800001737858**  
82 Street Address (P.O. Box or Registered Agent's Office)  
**03708798-01110-025**  
**\*\*\*200.00**  
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

Signature typed for printed name of registered agent or director (if applicable)

(NOTE: The registered agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	OLMSTEAD, JOHN F	7175 W. JEFFERSON AVE.	LAKEWOOD CO 80235	<input type="checkbox"/>
VD	CHRISTENSEN, JOHN E	7175 W. JEFFERSON AVE.	LAKEWOOD CO 80235	<input checked="" type="checkbox"/>
AVD	ABERNETHY, RICHARD H	7175 W. JEFFERSON AVE.	LAKEWOOD CO 80235	<input checked="" type="checkbox"/>
VD	LACEY, DENNIS J	7175 W. JEFFERSON AVE.	LAKEWOOD CO 80235	<input checked="" type="checkbox"/>
AV	BUKOFSKI, JOSEPH F	7175 W. JEFFERSON AVE.	LAKEWOOD CO 80235	<input checked="" type="checkbox"/>
VAS	REED, JOHN A	7175 W. JEFFERSON AVE.	LAKEWOOD CO 80235	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Olmstead, John F.	
1.3 STREET ADDRESS	7175 W. Jefferson Avenue, Suite 4000	
1.4 CITY - ST - ZIP	Lakewood, CO 80235	
2.1 TITLE	SVP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Campbell, Robert J.	
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 607, 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  
District Phone #

CR2E034 (12/95)