

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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001072 (6)
 1. Corporation Name
CAI EQUIPMENT LEASING IV CORP.



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

3. Date Incorporated or Qualified
03/07/1995

4. FEI Number
84-1184608

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

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

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	OLMSTEAD, JOHN F
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP	LAKEWOOD CO 80235
TITLE	VSD <input checked="" type="checkbox"/> DELETE
NAME	CHRISTENSEN, JOHN E
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP	LAKEWOOD CO 80235
TITLE	AVP <input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, ROBERT J
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP	LAKEWOOD CO 80235
TITLE	VSD <input checked="" type="checkbox"/> DELETE
NAME	LACEY, DENNIS J
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP	LAKEWOOD CO 80235
TITLE	VSD <input type="checkbox"/> DELETE
NAME	DIPAOLLO, ANTHONY M
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP	LAKEWOOD CO 80235
TITLE	S <input type="checkbox"/> DELETE
NAME	ANDERSON, DAVID J
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000
CITY-ST-ZIP	LAKEWOOD CO 80235

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	AVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Turner, Howard F.
2.3 STREET ADDRESS	7175 W. Jefferson Avenue, Suite 4000
2.4 CITY-ST-ZIP	Lakewood, CO 80235
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Abernethy, Richard H.
3.3 STREET ADDRESS	7175 W. Jefferson Avenue, Suite 4000
3.4 CITY-ST-ZIP	Lakewood, CO 80235
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Reed, John A.
4.3 STREET ADDRESS	7175 W. Jefferson Avenue, Suite 4000
4.4 CITY-ST-ZIP	Lakewood, CO 80235
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Howard F. Turner* **4/23/98 (703) 980-1200**

CR2E034 (10/97)