

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90050 047 ***150.00

0544153

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F95000001072
 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
--	--



DO NOT WRITE IN THIS SPACE

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
---	--

3. Date Incorporated or Qualified 03/07/1995	4. FEI Number 84-1184608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	OLMSTEAD, JOHN F	
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000	
CITY-ST-ZIP	LAKEWOOD CO 80235	
TITLE	AVP	
NAME	TURNER, HOWARD F	
STREET ADDRESS	7175 W JEFFERSON AVENUE SUITE #4000	
CITY-ST-ZIP	LAKEWOOD CO 80235	
TITLE	D	
NAME	ABERNATHY, RICHARD H	
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000	
CITY-ST-ZIP	LAKEWOOD CO 80235	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REED, JOHN A	
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000	
CITY-ST-ZIP	LAKEWOOD CO 80235	
TITLE	VSD	
NAME	DIPAOLLO, ANTHONY M	
STREET ADDRESS	7175 W. JEFFERSON AVE. SUITE 4000	
CITY-ST-ZIP	LAKEWOOD CO 80235	
TITLE	S	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Abernathy, Richard H.		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Myers, Mick E.		
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, with all other like empowered.

SIGNATURE: Howard Turner Howard Turner Date: 4/28/99 Daytime Phone # _____

CR2E034 (11/98)