

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91561 034 ***550.00

16/0341

DOCUMENT # F95000001072

1. Entity Name
CAI EQUIPMENT LEASING IV CORP.

Principal Place of Business

Mailing Address

**7175 W. JEFFERSON AVE.
 SUITE 4000
 LAKEWOOD CO 80235**

**7175 W. JEFFERSON AVE.
 SUITE 4000
 LAKEWOOD CO 80235**

767417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2750 S. Wadsworth

2750 S. Wadsworth

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C200

Suite C200

City & State

City & State

Denver CO

Denver CO

Zip

Country

Zip

Country

80227

Denver

80227

Denver

4. FEI Number **84-1184608**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| 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 | VSTD | <input checked="" type="checkbox"/> Delete |
| NAME | BUKOFSKI, JOSEPH F | |
| STREET ADDRESS | 7175 W JEFFERSON AVENUE SUITE #4000 | |
| CITY-ST-ZIP | LAKEWOOD CO 80235 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ABERNETHY, RICHARD H | |
| STREET ADDRESS | 7175 W. JEFFERSON AVE. SUITE 4000 | |
| CITY-ST-ZIP | LAKEWOOD CO 80235 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MYERS, MICK E | |
| STREET ADDRESS | 7175 W. JEFFERSON AVE. SUITE 4000 | |
| CITY-ST-ZIP | LAKEWOOD CO 80235 | |
| TITLE | | <input checked="" type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2750 S. Wadsworth Suite C200 | |
| CITY-ST-ZIP | Denver CO 80227 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Debra Seifert | |
| STREET ADDRESS | 2750 S. Wadsworth Suite C200 | |
| CITY-ST-ZIP | Denver CO 80227 | |
| TITLE | Controller | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Susan Landi | |
| STREET ADDRESS | 2750 S. Wadsworth Suite C200 | |
| CITY-ST-ZIP | Denver CO 80227 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | David Shaw | |
| STREET ADDRESS | 2750 S. Wadsworth Suite C200 | |
| CITY-ST-ZIP | Denver CO 80227 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/01
 Date

Daytime Phone #

CR2E034 (10/00)