

56015-0004

1200 WEST WASHINGTON
P.O. BOX 6019
PHOENIX AZ 85005

MAIL OR DELIVER TO:
ARIZONA CORPORATION COMMISSION

422 W CONGRESS
TUCSON, AZ 85701

ANNUAL REPORT & CERTIFICATE OF DISCLOSURE

(Pursuant to ARS 10-125, 10-1081, 10-128 and 10-1084)

DIRECTIONS: ANSWER ALL QUESTIONS IN EACH SECTION OF THIS ANNUAL REPORT AND RETURN WITH YOUR FEE TO THE ARIZONA CORPORATION COMMISSION. PLEASE TYPE OR PRINT IN BLACK INK.

A. CORPORATION INFORMATION (PLEASE MAKE ANY CHANGES OR CORRECTIONS IN SECTION B.)

FILE NO. -179005-5

X FEB 10 1988

Corporation Name **PART-TIME FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMM**
Street Address **% HERBERT J GREEN
7130 E GARY RD**

P.O. Box (if any)
City-State-Zip Code **SCOTTSDALE AZ 85254**

MAKE CHECK PAYABLE TO:
ARIZONA CORPORATION COMMISSION
NON PROFIT

TYPE OF CORPORATION

FEE \$ 10

PENALTY \$ _____

TOTAL DUE \$ _____

Name of Arizona Statutory Agent: **EDMUND Y. NOMURA
5103 E. THOMAS RD**

Street Address (NOT P.O. BOX)

City, State, Zip Code **PHOENIX AZ 85018**

ANNUAL REPORT FOR YEAR ENDING

12 31 87
MO. DAY YR

DUE ON OR BEFORE

04 15 88
MO. DAY YR

B. CHANGES OR CORRECTIONS:

C. BRIEF STATEMENT OF THE CHARACTER OF BUSINESS IN WHICH THE CORPORATION IS ACTUALLY ENGAGED IN ARIZONA.

**PROFESSIONAL MEMBERSHIP ASSOCIATION OF PART-TIME
EDUCATORS**

D. CAPITALIZATION: (NOT REQUIRED FOR NONPROFIT CORPORATIONS)

NUMBER AUTHORIZED	CLASS	SERIES	PAR VALUE
NUMBER ISSUED	CLASS	SERIES	PAR VALUE

E. SHAREHOLDERS DIRECTIONS: Fill in names of shareholders of record holding more than 20% of any class of shares issued by the corporation, including persons beneficially holding such shares through nominees. If additional space is needed, attach a separate sheet.

Shareholder Name _____

Shareholder Name _____

Shareholder Name _____
FEB 03 1988

Shareholder Name _____
DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

NOTE: If appointing new statutory agent, the new agent must consent to that appointment, and PRESIDENT must sign this report (Page 4)

I, (individual) and/or We, (corporation), having been appointed to act as Statutory Agent, hereby consent to act in that capacity until removal or resignation is submitted in accordance with the Arizona Revised Statutes.

STATUTORY AGENT

FOREIGN CORPORATIONS: If not included on page 1, please list address of place of business in Arizona, if applicable.

**NOTE: ALL CORPORATIONS MUST LIST THEIR OFFICERS AND DIRECTORS.
DATES TAKING OFFICE MUST BE INCLUDED.
ATTACH ADDITIONAL SHEETS IF NECESSARY.**

F. OFFICERS

(President And Secretary Cannot Be Same Person.)

President
Name HERBERT J. GREEN
Street Address 7130 E. GARY ROAD
P.O. Box _____
City, State, Zip Code SCOTTSDALE AZ 85254
Date of taking this office: MO 9 DAY 5 YR 85

Vice-President
Name ALBERT FELDMAN
Street Address 1051 S. DOBSON RD.
P.O. Box _____
City, State, Zip Code MESA, AZ, 85202
Date of taking this office: MO 9 DAY 5 YR 85

Secretary
Name STEVE JENKINS
Street Address 3001 N. 16TH AVE
P.O. Box _____
City, State, Zip Code PHOENIX AZ 85015
Date of taking this office: MO 9 DAY 5 YR 85

Treasurer
Name ROBERT A. JORGENSEN
Street Address 4323 W. CLAREMONT
P.O. Box _____
City, State, Zip Code Glendale AZ 85301
Date of taking this office: MO 7 DAY 1 YR 87

Other Executive Officer (Title) _____
Name _____
Street Address _____
P.O. Box _____
City, State, Zip Code _____
Date of taking this office: MO _____ DAY _____ YR _____

G. DIRECTORS

(Profit Require At Least One (1) Director. Nonprofit Require At Least Three (3) Directors.)

Director
Name Same
Street Address _____
P.O. Box _____
City, State, Zip Code _____
Date of taking this office: MO _____ DAY _____ YR _____

Director
Name _____
Street Address _____
P.O. Box _____
City, State, Zip Code _____
Date of taking this office: MO _____ DAY _____ YR _____

Director
Name _____
Street Address _____
P.O. Box _____
City, State, Zip Code _____
Date of taking this office: MO _____ DAY _____ YR _____

Director
Name _____
Street Address _____
P.O. Box _____
City, State, Zip Code _____
Date of taking this office: MO _____ DAY _____ YR _____

Director
Name _____
Street Address _____
P.O. Box _____
City, State, Zip Code _____
Date of taking this office: MO _____ DAY _____ YR _____

I. CERTIFICATE OF DISCLOSURE
A.R.S. SECTION 10-124, 10-1244

A. Has any person, acting either by election or appointment as officers, directors, trustees, incorporators, and persons controlling or holding more than 10% of the stock and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation:

1. Been convicted of a felony involving a transaction in securities, securities fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate.
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraining of trade of interstate in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate.
3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding the execution of this certificate where such injunction, judgment, decree or permanent order:
 - (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) involved the violation of the consumer fraud laws of that jurisdiction, or
 - (c) involved the violation of the antitrust or restraint laws of that jurisdiction.

YES NO

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in items A.1 through A.3.

1. Full name and prior names used
2. Full birth name
3. Present home address
4. Prior addresses (for immediate preceding 7 year period)
5. Date and location of birth
6. Social Security Number
7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cause number of the case.

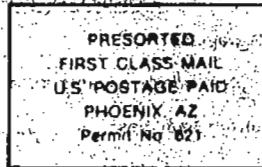
ALL CORPORATE TAX RETURNS REQUIRED BY TITLE 43 HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

Under penalties of law, I declare that I have examined this report and the certificate, including any attachments, and to the best of my knowledge and belief it is true, correct and complete. (MUST BE SIGNED BY OFFICER INCLUDED IN SECTION F.)

[Signature] DATE *2/1/88* BY _____ DATE _____
TITLE *President* TITLE _____

SENDER: FORM MUST BE SIGNED, ALL FEES INCLUDED AND THE FINANCIAL STATEMENT COMPLETED.

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P.O. BOX 6019
PHOENIX, ARIZONA 85005



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