

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

MAIL OR DELIVER TO:

ARIZONA CORPORATION COMMISSION

400 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

7546 GF 10.00

Corporation Name **PART-TIME FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMM**  
Street Address **% NANCY WIGHTMAN  
PO BOX 1428**

PO Box (if any)  
City State Zip Code **PHOENIX**

**AZ 85001** MAKE CHECK PAYABLE TO:  
ARIZONA CORPORATION COMMISSION

TYPE OF CORPORATION **NON-PROFIT**

FEES **10**

PENALTY \$ (20% per month)

TOTAL DUE \$ **10**

AGENT ID # 0000013116

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

Street Address (NOT P.O. BOX)

City, State, Zip Code **PHOENIX**

**AZ 85018**

**APR 09 1993**

**APR 20 1993**

\*\*\*\*\*

ALLOW 8 WEEKS FOR PROCESSING \*\*\*\*\*

ANNUAL REPORT FOR YEAR ENDING		
12	31	92
MO	DAY	YR
DUE ON OR BEFORE		
04	15	93
MO	DAY	YR

#### B. CHANGES OR CORRECTIONS:

**CHANGE STATUTORY AGENT TO:**

**\*GRETCHEN MURPHY**

**\*2233 E BERRY RD #23**

**PHOENIX, AZ 85024**

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

#### D. CAPITALIZATION: (AS STATED IN CURRENT ARTICLES OF INCORPORATION) (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 (IF NONE, SO STATE).

Shareholder Name **NONE**

Shareholder Name

Shareholder Name

Shareholder Name

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

1. INDIVIDUALS ARE IN THE JURISDICTION, HAVING BEEN APPOINTED TO ACT AS STATUTORY AGENT THROUGH COMPANY REPORT IN WE CANNOT CONFIRMATION OF REGISTRATION IS SUBMITTED IN ACCORDANCE WITH THE ARIZONA REVISED STATUTES

*William J. ...*  
STATUTORY AGENT

FOREIGN CORPORATIONS: Please list address of the principal place of business in the domestic state for jurisdiction

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

**2. OFFICERS**

(President and Secretary Cannot Be Same Person.)

President

Name JACQUELINE HARRIS  
Street Address 1833 W. ...  
P.O. Box \_\_\_\_\_  
City State Zip Code SCOTTSDALE, AZ 85251  
Date of taking this office: MO 5 DAY 9 YR 92

Sec. President

Name PAUL NEWBERRY  
Street Address 203 E. HURSTON  
P.O. Box \_\_\_\_\_  
City State Zip Code TEMPE, AZ 85283  
Date of taking this office: MO 5 DAY 9 YR 92

Secretary

Name GRETCHEN MURPHY  
Street Address 2223 E. DENVER  
P.O. Box \_\_\_\_\_  
City State Zip Code PHOENIX, AZ 85034  
Date of taking this office: MO 5 DAY 9 YR 92

Treasurer

Name BILL KEANE  
Street Address 1266  
P.O. Box \_\_\_\_\_  
City State Zip Code SCOTTSDALE, AZ 85252  
Date of taking this office: MO 5 DAY 9 YR 92

Chief Executive Officer (CEO)

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

**3. DIRECTORS**

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

Director

Name ELISE ...  
Street Address 2125 W. ...  
P.O. Box \_\_\_\_\_  
City State Zip Code PHOENIX, AZ 85009  
Date of taking this office: MO 5 DAY 9 YR 92

Director

Name NANCY ...  
Street Address 1520 N. ...  
P.O. Box \_\_\_\_\_  
City State Zip Code PHOENIX, AZ 85018  
Date of taking this office: MO 5 DAY 9 YR 92

Director

Name MIKE ...  
Street Address 2225 E. ...  
P.O. Box \_\_\_\_\_  
City State Zip Code PHOENIX, AZ 85032  
Date of taking this office: MO 5 DAY 9 YR 92

Director

Name LAWRENCE ...  
Street Address 1101 E. ...  
P.O. Box \_\_\_\_\_  
City State Zip Code CANTON, AZ 85219  
Date of taking this office: MO 5 DAY 9 YR 92

Director

Name BRUCE ...  
Street Address 2201 E. ...  
P.O. Box \_\_\_\_\_  
City State Zip Code SCOTTSDALE, AZ 85257  
Date of taking this office: MO 5 DAY 9 YR 92

H. STATEMENT OF FINANCIAL CONDITION  
BALANCE SHEET

179005-5

THE FOLLOWING BALANCE SHEET MUST BE COMPLETED. IF NO BUSINESS WAS CONDUCTED THIS FISCAL YEAR, THEN SO INDICATE. (PROFIT CORPORATIONS may substitute a copy of the Schedule L Form 1120, filed with the Internal Revenue Service. NONPROFIT CORPORATIONS may substitute a copy of Page 2 of Form 99 filed with the Arizona Department of Revenue. NOTE: FEDERAL AND STATE TAX EXEMPTION DOES NOT EXEMPT NONPROFIT CORPORATIONS FROM FILING THIS STATEMENT OF FINANCIAL CONDITION WITH THE COMMISSION. (A.R.S. 10-1061.A.6).

<u>ASSETS</u>	<u>AMOUNT</u>	<u>TOTAL</u>
Cash .....		\$ 1177.07
Trade notes and accounts receivable .....		(1177.07)
(a) Less allowance for bad debts .....		
Inventories .....		
Govt obligations (a) U.S. and instrumentalities .....		
(b) State subdivisions thereof, etc .....		
Other current assets .....		
Loans to shareholders .....		
Mortgage and Real Estate loans .....		
Other investments .....		
Buildings and other fixed depreciable assets .....		
(a) Less accumulated depreciation .....		
Depletable assets .....		
(a) Less accumulated depletion .....		
Land (net of any amortization) .....		
Intangible assets (amortizable only) .....		
(a) Less accumulated amortization .....		
Other assets .....		
Total assets .....		
<b><u>LIABILITIES AND CAPITAL</u></b>		
Accounts payable .....		
Mtgs, notes, bonds payable in less than 1 yr .....		
Other current liabilities .....		
Loans from shareholders .....		
Mtgs, notes, bonds payable in 1 yr or more .....		
Other liabilities .....		
Total Liabilities .....		
Capital stock (a) Preferred stock .....		
(b) Common stock .....		
Paid-in or capital surplus .....		
Retained earnings - Appropriated .....		
Retained earnings - Unappropriated .....		
Less cost of treasury stock .....		
Total Capital .....		
Total Liabilities and Capital .....		\$ 1177.07
		(1177.07)

EXACT CORPORATE NAME

**I. CERTIFICATE OF DISCLOSURE**  
**A.R.S. Sections 10-128, 10-1084**

A. Has any person serving either by election or appointment as officers, directors, trustees, incorporators and persons controlling or holding more than 10% of the issued 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, consumer fraud or a trust 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 or commerce in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate
- 3. Been or was 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 trust or restraint laws of that jurisdiction.

YES

NO

B. 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 all names used
- 2. Full birth name
- 3. Present home address
- 4. Date of birth
- 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 title or cause number of the case.

**J. 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.)

*Jacqueline J. Mackay* 1-3-93  
*President*

*Walt*  
*Treasurer*

4-15-93

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

U.C. CORPORATIONS DIV.  
RECEIVED

APR 19 1993  
PM 4-15  
DOCUMENTS ARE SUBJECT  
TO REVIEW BEFORE FILING

ARIZONA CORPORATION COMMISSION  
2001 W. WASHINGTON  
P.O. BOX 6018  
PHOENIX, ARIZONA 85006

POSTED  
FIRST CLASS MAIL  
U.S. POSTAGE PAID  
PHOENIX, AZ  
PERMIT NO. 427

PART-TIME FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMM  
\* NANCY NIGHTMAN  
PO BOX 1428  
PHOENIX AZ 85001