

STATE OF ARIZONA
CORPORATION COMMISSION
1300 W. WASHINGTON
PHOENIX, ARIZONA 85007-2929

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ANNUAL REPORT FORM ENCLOSED
TIME SENSITIVE MATERIAL - REQUIRED TO MAINTAIN CORPORATE STATUS

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ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

ADJU
The report should reflect the current status of the corporation. See
INSTRUCTIONS ON PAGE 4.

-0179005-5
ADJUNCT FACULTY ASSOCIATION OF THE MARJ
% NANCY WIGHTMAN
PO BOX 1428
PHOENIX, AZ 85001

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**STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE**



DUE ON OR BEFORE 04/19/2001

FY00-01

FILING FEE \$10.00

The following information is required by A.R.S. §10-1622 & §10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A. & §10-3121.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

-0179005-5

1. ADJUNCT FACULTY ASSOCIATION OF THE MARIC
% NANCY WIGHTMAN
PO BOX 1428
PHOENIX, AZ 85001

MISSING 2000 ANNUAL REPORT; CONTACT THE COMMISSION AT 542-3285!

Business Phone: _____ (Business phone is optional.)
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: PATRICK E TURNER
Street Address: 5709 W ROYAL PALM RD
(NOT P.O. BOX)
City, State, Zip: GLENDALE AZ 85302-

Use this box only if appointing a new Statutory Agent

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Renstate	\$ _____
Expedite	\$ _____
Resubmit	\$ _____

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

3. Secondary Address:
(Foreign Corporations are **REQUIRED** to complete this section.)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

- | BUSINESS CORPORATIONS | | NON-PROFIT CORPORATIONS |
|------------------------|-------------------------------------|--|
| 1. Accounting | 20. Manufacturing | 1. Charitable |
| 2. Advertising | 21. Mining | 2. Benevolent |
| 3. Aerospace | 22. News Media | 3. Educational |
| 4. Agriculture | 23. Pharmaceutical | 4. Civic |
| 5. Architecture | 24. Publishing/Printing | 5. Political |
| 6. Banking/Finance | 25. Ranching/Livestock | 6. Religious |
| 7. Barbers/Cosmetology | 26. Real Estate | 7. Social |
| 8. Construction | 27. Restaurant/Bar | 8. Literary |
| 9. Contractor | 28. Retail Sales | 9. Cultural |
| 10. Credit Collection | 29. Science Research | 10. Athletic |
| 11. Education | 30. Sports/Sporting Events | 11. Science/Research |
| 12. Engineering | 31. Technology(Computers) | 12. Hospital/Health Care |
| 13. Entertainment | 32. Technology(General) | 13. Agricultural |
| 14. General Consulting | 33. Television/Radio | 14. Animal Husbandry |
| 15. Health Care | 34. Tourism/Convention Services | 15. Homeowner's Association |
| 16. Hotel/Motel | 35. Transportation | 16. Professional, commercial industrial or trade association |
| 17. Import/Export | 36. Utilities | 17. Other |
| 18. Insurance | 37. Veterinary Medicine/Animal Care | |
| 19. Legal Services | 38. Other | |

5. **CAPITALIZATION:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)
Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized Class Series Within Class (if any)

Number of Shares/Certificates Issued Class Series Within Class (if any)

6. **SHAREHOLDERS:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)
List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. Please Type or Print Clearly.

Name: _____ Name: _____

NONE

Name: _____ Name: _____

7. **OFFICERS** Please Type or Print Clearly.

Name: _____ Name: _____

Title: _____ Title: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

Name: _____ Name: _____

Title: _____ Title: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

8. **DIRECTORS** Please Type or Print Clearly.

Name: _____ Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

Name: _____ Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____