

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

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**ANNUAL REPORT FORM ENCLOSED**  
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ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

-0179005-5  
CONJUNCT FACULTY ASSOCIATION OF THE MARICOPA  
& NANCY WIGHTMAN  
PO BOX 1428  
PHOENIX, AZ 85001

0179005-5





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



**DUE ON OR BEFORE 04/19/2002**

**FY01-02**

**FILE FEE \$10.00**

The following information is required by A.R.S. §§10-1822 & 10-11022 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.

1. -0179005-5  
**ADJUNCT FACULTY ASSOCIATION OF THE MARICOPA COUNTY**  
**% NANCY WIGHTMAN**  
**PO BOX 1428**  
**PHOENIX, AZ 85001**

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

2. Arizona Statutory Agent: **JANE LEAF-MILLER**  
 Street Address: **4931 W TIERRA BUENA LN**  
**GLENDALE, AZ 85306**  
 City, State, Zip:

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Reinstate	\$ _____
Expedito	\$ _____
Resubmit	\$ _____

**Use this box only if appointing a new Statutory Agent**

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