



STATE OF ARIZONA CORPORATION COMMISSION



NONPROFIT CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE FOREIGN / DOMESTIC

FOR FISCAL YEAR ENDING 12/31/1996

DUE ON OR BEFORE 04/15/1997

The following information is required by A.R.S. §10-1081 for all domestic and foreign nonprofit corporations authorized to conduct affairs in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-1092. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0518221-1
Corporation Name: WOMEN'S TRANSPORTATION SEMINAR OF TUCSON, INC.
Address: ~~ANDREW M. FEDERHAR~~ 7005 S. PUMPER
~~1 S CHURCH #1030~~ 90 JILL MERICK

City, State, Zip: TUCSON
Domicile: ARIZONA
Type: NON-PROFIT

AZ 85706

RECEIVED

MAR 13 1997

Arizona Statutory Agent: ANDREW M FEDERHAR
Street Address: 1 S CHURCH #1030
(NOT P.O. BOX)

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

City, State, Zip: TUCSON

AZ 85701-

1. Check the one category below which best describes the CHARACTER OF AFFAIRS conducted by your corporation in Arizona.

- | | | |
|---|---|--|
| 1. <input type="checkbox"/> Charitable | 8. <input type="checkbox"/> Social | 15. <input type="checkbox"/> Agricultural |
| 2. <input type="checkbox"/> Benevolent | 9. <input type="checkbox"/> Fraternal | 16. <input type="checkbox"/> Horticultural |
| 3. <input type="checkbox"/> Educational | 10. <input type="checkbox"/> Literary | 17. <input type="checkbox"/> Animal Husbandry |
| 4. <input type="checkbox"/> Civic | 11. <input type="checkbox"/> Cultural | 18. <input type="checkbox"/> Homeowners' Association |
| 5. <input type="checkbox"/> Patriotic | 12. <input type="checkbox"/> Athletic | 19. <input checked="" type="checkbox"/> Professional, commercial, industrial, or trade association |
| 6. <input type="checkbox"/> Political | 13. <input type="checkbox"/> Science/Research | 20. <input type="checkbox"/> Other |
| 7. <input type="checkbox"/> Religious | 14. <input type="checkbox"/> Hospital/Health Care | |

ACC USE ONLY

Fee: \$ 10 -
Penalty: \$
Total: \$

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ☒ 26 - 100 ☐ 101 - 500 ☐ Over 500 ☐

3. If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below and PRESIDENT or VICE PRESIDENT must sign page 4 of this report.

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

Statutory Agent Name

Address

Signature

City, State, Zip

4. Foreign Corporations list Address in Domicile Jurisdiction:

Street/P. O. Box

City, State, (Country) Zip

See Attached

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

5. **OFFICERS** (If no changes since last report, check here ☐ and go on to Section 6.)

PRESIDENT: TEE BRYDON

VICE PRESIDENT: CATHIE BRYAN

Address: 201 N STONE AVE

Address: PO BOX 711

TUCSON, AZ 85726-

TUCSON, AZ 85702-

Date taking office: 00-00-00

Date taking office: 00-00-00

SECRETARY: SARAH MORE

TREASURER: SUSAN L HARBIN

Address: 255 W ALAMEDA

Address: PO BOX 27210

TUCSON, AZ 85726-

TUCSON, AZ 85726-

Date taking office: 00-00-00

Date taking office: 00-00-00

6. **DIRECTORS** (If no changes since last report, check here ☐ and go on to Section 7.)

NAME: ANNE C WARNER

NAME: BARBARA HUFF

Address: 4901 W HARRIS HAWK PL

Address: 3400 E SPEEDWAY #200

TUCSON, AZ 85745-

TUCSON, AZ 85749-

Date taking office: 00-00-00

Date taking office: 00-00-00

NAME: JOHN THOMAS

NAME:

Address: 100 N STONE #1100

Address:

TUCSON, AZ 85701-

Date taking office: 00-00-00

Date taking office:

S. OFFICERS

0518221-1

PRESIDENT: ANN WARNER

4901 W. HARRIS LAKE PL

TUCSON, AZ 85745

VICE PRESIDENT: JEAN ANN FISHER

255 E. ALAMEDA

TUCSON, AZ 85701

SECRETARY: TRACY CUTHEIM

1 N. CHURCH, STA FL

TUCSON, AZ 85701

TREASURER: JILL MERRICK

7005 S. PLUMER

TUCSON, AZ 85706

C. DIRECTORS

SARAH MORE

255 E. ALAMEDA

TUCSON, AZ 85726

SUSAN HAZEN

P.O. BOX 27210

TUCSON, AZ 85726

BARBARA HUFF

3400 E. SPEEDWAY, #200

TUCSON, AZ 85749

7. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-1081.A.6.)

You must submit a statement of the corporation's financial condition. Any reasonable schedule will be accepted provided it reflects the intent of the law, as determined by the Commission. Several suggestions for information you may submit to satisfy this requirement include the following:

- Attach a copy of Page 2, Form 99 filed with the Arizona Department of Revenue; OR
- a copy of the corporation's Charitable Organization Financial Statement as filed with the Arizona Secretary of State pursuant to A.R.S. §44-6552; OR
- a copy of your treasurer's report (or financial statement) prepared for this fiscal year; OR
- a copy of the financial statement you prepare for the benefit of your members; OR
- You may simply use the Balance Sheet below.

BALANCE SHEET

ASSETS

Current Assets:

Cash	\$ 762 ²¹	
Trade notes and accounts receivable (less allowance for bad debts)		
Inventories		
Other current assets		
Total Current Assets		\$ 762 ²¹
Land, buildings and other fixed assets (net of accumulated depreciation)		
Other assets		
Total Assets		\$ 762 ²¹

LIABILITIES

Current Liabilities:

Accounts Payable	\$ - 0 -	
Mortgages, notes, bonds (payable in less than 1 year)		
Other current liabilities		
Total Current Liabilities		
Mortgages, notes, bonds (payable in more than 1 year)		
Fund Balances:		
Restricted		
Unrestricted		
Total Fund Balances		
Total Liabilities and Fund Balances		\$ - 0 -

8.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-1084)

Has any person serving either by election or appointment as officers, directors, trustees, or incorporators:

1. Been convicted of a felony involving a transaction in securities, consumer 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 restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding 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 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 of trade laws of that jurisdiction?

YES _____ NO X

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 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 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. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

8.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-1083)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes _____ Chapter _____ Date Filed _____ Case Number _____ No X

9. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By [Signature] Date 3-10-97 By _____ Date _____
Title TREASURER Title _____