



STATE OF ARIZONA
CORPORATION COMMISSION



BUSINESS CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
DOMESTIC

FOR FISCAL YEAR ENDING 12/31/1996

DUE ON OR BEFORE 04/15/1997

The following information is required by A.R.S. §10-125 for all general corporations organized for profit, professional corporations, and business trusts authorized to transact business in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-142. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0199960-5
Corporation Name: TORSKE, STONE & ASSOCIATES, INC.
Address: 4714 W TOPEKA DR

RECEIVED

MAR 18 1997

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

City, State, Zip: GLENDALE
Domicile: ARIZONA
Type: PROFIT

AZ 85308-

Arizona Statutory Agent: ROSALIE L TORSKE
Street Address: 4714 W TOPEKA DR
(NOT P.O. BOX)

City, State, Zip: GLENDALE

AZ 85308-

1. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation in Arizona.

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> 1. Accounting | <input type="checkbox"/> 16. General Consulting | <input type="checkbox"/> 31. Restaurant/Bar |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 17. Health Care | <input type="checkbox"/> 32. Retail Sales |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 18. Hotel/Motel | <input type="checkbox"/> 33. Science/Research |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 19. Import/Export | <input type="checkbox"/> 34. Sports/Sporting Events |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 20. Insurance | <input type="checkbox"/> 35. Tax Services |
| <input type="checkbox"/> 6. Attorneys at Law | <input type="checkbox"/> 21. Legal Services | <input type="checkbox"/> 36. Technology (Computer) |
| <input type="checkbox"/> 7. Banking/Finance | <input type="checkbox"/> 22. Manufacturing | <input type="checkbox"/> 37. Technology (General) |
| <input type="checkbox"/> 8. Barbers/Cosmetology | <input type="checkbox"/> 23. Medicine/Dentistry | <input type="checkbox"/> 38. Television/Radio |
| <input type="checkbox"/> 9. Construction | <input type="checkbox"/> 24. Mining | <input type="checkbox"/> 39. Tourism/Convention Services |
| <input type="checkbox"/> 10. Contractor | <input type="checkbox"/> 25. News Media | <input type="checkbox"/> 40. Transportation |
| <input type="checkbox"/> 11. Credit/Collection | <input type="checkbox"/> 26. Pharmaceutical | <input type="checkbox"/> 41. Utilities |
| <input type="checkbox"/> 12. Education | <input type="checkbox"/> 27. Publishing/Printing | <input type="checkbox"/> 42. Veterinary Medicine/
Animal Care |
| <input type="checkbox"/> 13. Engineering | <input type="checkbox"/> 28. Ranching/Livestock | <input type="checkbox"/> 43. Other _____ |
| <input type="checkbox"/> 14. Entertainment | <input type="checkbox"/> 29. Real Estate | |
| <input type="checkbox"/> 15. Farming | <input type="checkbox"/> 30. Resort | |

PAID

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Total	\$ 45

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. **CAPITALIZATION:** (NOTE: Business Trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.)

Number of Shares Authorized	Class	Series	Par Value
1000000	Common		\$1

Number of Shares Issued	Class	Series	Par Value
1000	Common		\$1

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

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

PRESIDENT:	ROSALIE L TORSKE	VICE PRESIDENT:	GLEN R TORSKE
Address:	4714 W TOPEKA DR	Address:	4714 W TOPEKA DR
	GLENDALÉ, AZ 85308-		GLENDALÉ, AZ 85308-

Date taking office:	09-01-87	Date taking office:	09-01-87
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SECRETARY:	GLEN R TORSKE	TREASURER:	
Address:	4714 W TOPEKA DR	Address:	
	GLENDALÉ, AZ 85308-		

Date taking office:	09-01-87	Date taking office:	
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6. **DIRECTORS** (If no changes since last report, check here ☐ and go on to Section 7.)

NAME:	ROSALIE L TORSKE	NAME:	GLEN R TORSKE
Address:	4714 W TOPEKA DR	Address:	4714 W TOPEKA DR
	GLENDALÉ, AZ 85308-		GLENDALÉ, AZ 85308-

Date taking office:	09-01-87	Date taking office:	09-01-87
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NAME:		NAME:	
Address:		Address:	

Date taking office:		Date taking office:	
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7. **SHAREHOLDERS** of record holding more than 20% of any class of shares issued by the corporation or having more than 20% beneficial interest in the corporation. If none, so state.

(If no changes since last report, check here ☒ and go on to Section 8.)

NAME	GLEN R TORSKE	NAME	ROSALIE L TORSKE
NAME		NAME	

8. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-125.A.9.)

Complete the following Balance Sheet; OR

- attach a copy of Schedule L, Form 1120 filed with either the Internal Revenue Service or Arizona Department of Revenue; OR
- attach a copy of the corporation's financial statement as provided to shareholders pursuant to A.R.S. §10-052.E. Books and Records; OR
- attach a copy of your Financial Report to Shareholders as required by A.R.S. §10-127; OR
- If no business conducted this fiscal year, so state.

ASSETS

Current Asset
Cash
Trade
(less
Invent
Other

Invest
Land,
Intang
Loans
Other

LIABILITIES A

Current Liabili
Accou
Mortg
Other

Mortg
Loans
Other

Capital stock:

Paid-in-or capi
Less cost of ti
Retained earni

Schedule L Balance Sheets per Books		Page 4	
		Beginning of tax year	End of tax year
Assets		(a)	(b)
1 Cash			27803
2a Trade notes and accounts receivable			26531
b Less allowance for bad debts			
3 Inventories			2683
4 U.S. Government obligations			
5 Tax-exempt securities			
6 Other current assets (attach schedule)			
7 Loans to shareholders			
8 Mortgage and real estate loans			
9 Other investments (attach schedule)			
10a Buildings and other depreciable assets			
b Less accumulated depreciation		53456	52456
11a Depletable assets		34744	34407
b Less accumulated depletion			
12 Land (net of any amortization)			
13a Intangible assets (amortizable only)			
b Less accumulated amortization			
14 Other assets (attach schedule)			
15 Total assets		17142	17142
Liabilities and Shareholders' Equity			
16 Accounts payable			64403
17 Mortgages, notes, bonds payable in less than 1 year			
18 Other current liabilities (attach schedule)			
19 Loans from shareholders			
20 Mortgages, notes, bonds payable in 1 year or more			78550
21 Other liabilities (attach schedule)			
22 Capital stock			1000
23 Paid-in or capital surplus			
24 Retained earnings			15145
25 Less cost of treasury stock			
26 Total liabilities and shareholders' equity		76339	64403

TOTAL LIABILITIES AND EQUITY

\$

9.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-128)

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 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 ☒

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). | |

9.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-128.01)

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 ☒

10. 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  Date 3/14/97 By _____ Date _____

Title President Title _____