

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



DUE ON OR BEFORE 01/01/2000

FILING FEE \$45.00

14. __ Animal Husbandry

17. __ Other_

15. __ Homeowner's Association

Professional, commercial

industrial or trade association

Stat	following information is required by Autes, Title 10. The Commission's authomatical FORM. Notice that the status of the corporation. Se	ority to prescribe this for lake changes or correcti	m is A.K.S. §10-121.A. & §10√3 ons where necessary. Informa	tion for the report should reflect
1.	MANISTEE INVESTMEN 102 E SAN MIGUEL A PHOENIX, AZ 85012	ITS, INC. VE		
	The state of the s			
	Business Phone	Corporation (Business phor	File Number:	-0223442-1
	State of Domicile: ARIZONA		poration: PROFIT	· · · · · · · · · · · · · · · · · · ·
2.	Arizona Statutory Agent: Street Address: (NOT P.O. BOX)	3003 N CENTRA		012
	City, State, Zip:		,	new Statutory Agent
	Persity \$	ndividual) or We, (corpora tutory Agent, do hereby c aw.	ation or limited liability compar consent to this appointment until of new Statutory Agent	ny) having been designated the new my removal or resignation pursuant
3.	Secondary Address: (Foreign Corporations are REQUIRED to complete this section.)			JAN 03 2000 ARIZONA CORP. COMMISSION CORPORATIONS DIVISION
4.	Check the one category below w	hich best describes the (CHARACTER OF BUSINESS	of your corporation.
	2. Advertising 21. 3. Aerospace 22. 4. Agriculture 23. 5. Architecture 24. 6. Banking/Finance 25. 7. Barbers/Cosmetology 26. 8. Construction 27. 9. Contractor 28. 10. Credit/Collection 29. 11. Education 30. 12. Engineering 31.	MS Manufacturing Mining News Media Pharmaceutical Publishing/Printing Ranching/Livestock Real Estate Restaurant/Bar Retail Sales Science/Research Sports/Sporting Events Technology(Computers) Technology(General)	1. Charitat 2. Benevol 3. Educati 4. Civic 5. Political 6. Religiou 7. Social 8. Literary 9. Cultural 10. Athletic 11. Science	ent onal s s e/Research l/Health Care

33. Television/Radio

35. Transportation

_36. Utilities

__ 38. Other _

34. Tourism/Convention Services

37. Veterinary Medicine/Animal Care

14. General Consulting

15. Health Care

16. Hotel/Motel

___ 18. Insurance ___ 19. Legal Services

17. Import/Export

Business tru	LZATION: (Business Corporation must indicate the number of	s and Business Trus transferable certifica	sts are REQUIF ates held by trus	Page LED to complete this section.) stees evidencing their beneficial interest in
the trust esta				
	Shares/Certificates Authorized	Votina Cor	mmon	Series Within Class (if any)
	000,000	Voting Con Non-voting (Class	Common	
	Shares/Certificates Issued	Class		Series Within Class (if any)
	100	Voting Com	ımoy	
List sharehol	OLDERS: (Business Corporations) Iders holding more than 20% of a erest in the corporation. (If no cl	any class of shares is	ssued by the co	ED to complete this section.) rporation, or having more than a 20% ere and go on to Section 7.)
	Name: MARILYN WILLIAMS	S HARRIS	Name:	
NONE []				and the second s
7. OFFICER:	S (If no changes since last repo	ort, check here a	and go on to S	ection 8.)
Name:	MARILYN WILLIAMS HARRI		Name:	
Title:	PRESIDENT/CEO		Title:	
Address:	28014 N 44TH ST		Address:	
	CAVE CREEK, AZ 85331-			, , , e
Date taking office: 06-22-90			Date taking offi	ice:
Name:			Name:	
Title:			Title:	
Address:			Address:	
—— Date taking o	ffice:	· · · · · · · · · · · · · · · · · · ·	Date taking offi	ce:
8. <u>DIRECTO</u>	RS (If no changes since last re	port, check here	and go on to	Section 9.)
Name:	MARILYN WILLIAMS HARRI	c		•
Address:	28014 N 44TH ST			
	CAVE CREEK, AZ 85331-			
Date taking of	06-22-90		Date taking office	ce:
				
			nduless	
—— Date taking of	ffice:		———— Date taking office	ce:

Please Enter	Corporation Name:			F	Page 3					
Only nonprofit	AL DISCLOSURE (A.R.S. §§ t corporations must <u>attach</u> a fi ure exempt from filing a financial	nancial statement (bala	22.A.9) nce sheet including asse	ets, liabilities and equity). All other fo	orms of					
	<u>:RS</u> (A.R.S. § 10-11622.A.6)									
This corporation does does not have members.										
Has ANY person	CATE OF DISCLOSURE (A. on serving either by election or at e issued and outstanding commo pertains to profi	opointment as an office on shares or 10% of an	r, director, trustee, incorp	orator <u>and person controlling or holdin</u> icial or membership interest in the corp	<u>ia more</u> xoration					
year period 2. Convicted or monop	od immediately preceding the ex l of a felony, the essential eleme poly in any state or federal jurisdi whent to an injunction, judgment	ecution of this certificat nts of which consisted (iction within the seven y	e? of fraud, misrepresentatio rear period immediately p order of any state or fede	ny state or federal jurisdiction within the in, theft by false pretenses or restraint or receding execution of this certificate? eral court entered within the seven year e or permanent order involved the violation.	of trade r period					
(a) fraud or registration provisions of the securities laws of that jurisdiction, or (b) the consumer fraud laws of that jurisdiction, or (c) the antitrust or restraint of trade laws of that jurisdiction?										
e he	box must be marked	YES 🗇	NO 🛭							
If "YES", the fo	Nowing information must be submough 3. above.	itted as an attachment to	this report for each perso	n subject to one or more of the actions	s stated					
2. Full 3. Pres 4. Prior	name and prior names used. birth name. sent home address. r addresses (for immediate seding 7 year period).	5. 6. 7.	Date and location of Social Security Nur The nature and deso date and location; the or cause number of	nber xiption of each conviction or judicial act e court and public agency involved, and	ion; the I the file					
than 20% of the	a issued and sudstanding commi	ppointment as an office on shares or 20% of an in any other corporation	r, director, trustee, incorp y other proprietary, benef n during the bankruptcy, (orator <u>and person controlling or holdin</u> ficial or membership interest in the corr receivership, or charter revocation of th	porauon					
•	box <u>must</u> be marked:	YES 🗆	NO Ø							
	ES, enter the following:	Chapter	Date Filed	Case Number						
1) The name	Following information must is and addresses of each corp b) transacted business. 3) The	orabon (anto prite person)	or persons involved 2	reach person subject to the statement. The state in which each corporation	above was a					
12. <u>SIGNAT</u>										
	UT(ON): Annual Reports mu natures will be rejected.	er be signed over d	aly authorized officer.	Annual Reports submitted with in	een ree					
I DECLARE, I REVISED ST	UNDER PENALTY OF LAW, THA FATUTES HAVE BEEN FILED \	AT ALL CORPORATE II WITH THE ARIZONA D	NCOME TAX RETURNS DEPARTMENT OF REVE	REQUIRED BY TITLE 43 OF THE AF ENUE.	RIZONA					
	المقامط المسم مسامعات ومسادات والمساد	Ithau ara teua aarraa	t and complete	tificate, including any attachments,						
Name MAR	ILYN W. HARRIS	Date_!2\29\99	Name	Date						
Signature_	Moulyn Dr.	Homes	Signature	Date						
Title PAE	(Signator(s) must be d	luly authorized corpo	Title_ rate officer(s) listed in s	section 7 of this report.)						

This instruction sheet contains information about the annual reporting process for corporations doing business in Arizona. Every corporation in Arizona must submit an Annual Report to the Corporations Division of the Arizona Corporation Commission once a year. This is the only notice and form you will receive. Corporations must use this Annual Report Form prescribed and furnished by the Arizona Corporation Commission. No other form or format is allowed. The Commission's computerized imaging system cannot work with other forms or formats. IMPORTANT: This Annual Report must be correctly filled out and submitted by the assigned due date or the corporation may have its authority and operating status revoked by the State of Arizona. Use the check off boxes on this sheet as you complete the form.

The Corporation Commission has completed the form with information we have available regarding the corporation. Please verify each line. Strike out incorrect information by drawing a line through the incorrect data. Correct information should be legibly written above or to the side of the struck, incorrect information.

Section 1. All corporations must state their name, address, zip code, domicile state, and type (e.g., nonprofit, business, sole, professional, business trust). Please list a business phone number. Section 2. All corporations must state the name and address of the current Statutory Agent for the corporation. Correct information about the Statutory Agent is vital to the legitimate authority and status of the corporation. The Statutory Agent must not use a P.O. Box. New Statutory Agents must consent to their appointment by signing the appropriate line. A corporation must amend their records at the Commission anytime the Statutory Agent is changed or whenever the Agent's designated mailing address changes. ☐ Section 3. Foreign (out-of-state/country) corporations must state their known place of business in this state and in the jurisdiction in which they are incorporated. List the primary address in Section 1, and the secondary address in Section 3. Section 4. All corporations must check the category that best describes the character of their corporation in the applicable business or nonprofit corporation area. ☐ Section 5. All business corporations must indicate the number of shares which they have authorized, the class and series. All business trusts must indicate the number of transferable certificates held by trustees. ☐ Section 6. All business corporations must indicate the list of applicable shareholders. ☐ Section 7. Please list all principal officers. <u>All corporations</u> must have at least one duly authorized officer. ☐ Section 8. Please list all directors. All corporations must have at least one director per A.R.S. §§10-803.A & 10-3803.A. ☐ Section 9. All Nonprofit corporations must file a financial disclosure statement. Nonprofit corporations meet their obligation by attaching one of the following documents: 1) Their most recent copy of Page 2, Form 99 filed with the Anzona Department of Revenue; OR 2) 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 3) A copy of the corporation's Treasurer's Report/Financial Statement prepared for the current fiscal year; OR 4) A copy of the financial statement prepared for the corporation's members; OR 5) A statement that the corporation conducted no business in Arizona in the past year. All other forms of corporations are exempt from filing a financial disclosure. All Nonprofit Corporations must also indicate whether or not the corporation has members. Section 10. All corporations must check either YES or NO in the Certificate of Disclosure. Those who check the "YES" box must supply the attachment required and explained in section 10. ☐ Section 11. All corporations must check either YES or NO in the Statement of Bankruptcy. Those who check the "YES" box must supply the attachment required and explained in section 11. Section 12. All corporations must read the declarations in this section. If they have complied, and if they have completed the Annual Report, then the applicable officer(s) listed in section 7 must acknowledge by signing the report. The signer(s) shall be at least one duly authorized officer. ☐ Sign & Mail the Check and Annual Report. Business corporations must send \$45, Nonprofit corporations \$10.

MAKE CHECK PAYABLE TO: MAIL OR DELIVER TO: ARIZONA CORPORATION COMMISSION
c/o Annual Reports - Corporations Division
1300 West Washington or 400 West Congress
Phoenix, AZ 85007-2929 Tucson, AZ 85701-1347

Seek professional advice from your accountant, attorney, or other knowledgeable source if you need help with any section. Business corporations may purchase a copy of the Arizona Business Corporation Act, available from the Corporations Division at 1300 W. Washington (Phoenix) as a source of information. The Annual Reports Section of the Corporations Division cannot give legal or tax advice, but you may call them with your other questions regarding this form at (602) 542-3285.