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2.

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



DUE ON OR BEFORE 04/08/2000

FY99-00

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.

-0104003-3

TUCSON COUNCIL FOR INTERNATIONAL VISITORS, INC.

RECEIMED

PO BOX 42226

TUCSON, AZ 85733

MAR 3 0 2000

ARIZONA CORP. COMMISSION
CORPORATE LIFE WILL EXPIRE 03/08/2001; CONTACT THE COMMISSION AT \$42-3135!

Business Phone 520 326 - 4673 (Business phone is optional)
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

Arizona Statutory Agent: N

NORRIS L GANSON

5671 N ORACLE RD #2106

Street Address: (NOT P.O. BOX)

City, State, Zip: TUCSON

AZ 85704-

Use this box only if appointing a new Statutory Agent

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If appointing a <u>new</u> statutory agent, the new agent MUST consent to that appointment by signing below. 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 CORP	<u>ORATIONS</u>	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
17. Import/Export	36. Utilities	industrial or trade association
18. Insurance	37. Veterinary Medicine/Animal Care	17 Other
19. Legal Services	38. Other	<u> </u>

		~ !	on to Section 6.)
Number of S	Shares/Certificates Authorized	Class	Series Within Class (if any)
Number of S	Shares/Certificates Issued	Class	Series Within Class (if any)
6. SHAREH	OLDERS: (Business Corporations and Business	ness Trusts are REC	UIRED to complete this section.)
List shareho	lders holding more than 20% of any class o terest in the corporation.		
_			<u></u>
NONE	Name:	Name	· · · · · · · · · · · · · · · · · · ·
7. <u>OFFICER</u>	s (If no changes since last report, check	here and go on	to Section 8.)
Name:	ROBERT ABBEY PRESIDENT/CEO	Name: _	ROBERT ABBEY
	(ASTING)	Title:	
Address:	TUCSON, AZ 85716	Address:	TUCSON, AZ 8571 6
Date taking	office: 01/01/2000	Date takin	g office: 04/01/1997
Name:	CORINAL MILTON SECRETARY	Name: _	GRINCE CONNELLY TREASURER
Title:			(ACTING)
Address:	6981 E. JAGGED CANSO TUCSON, AZ 85750	N.P. Address:	J312 E. ROSEWGOD TUCSON, AZ 85711
-Date taking	office. 01/01/2000	Date takin	g office /01/
O DIDEATA	IRS (If no changes since last report, che	ck here and go o	on to Section 9.)
Name:	FLORENCE REYNOLDS	Name: _	LATITA APHICA
Address:	849 E COPPER	Address:	1730 CALLE ALTIVO
	TUCSON, AZ 85719-		TUCSON, AZ 85718
Date taking	office: 04/01/19 .9 &	Date takin	g office: 0.5/01/9 b
	FRANK LITZ	Name: _	ZACHARY BUCHALTER
Name:			
	3630 N. ALLWOOD PL TUCSON, AZ 85750		5380 N. GREY MOUNTAIN TUCSON, AZ 85750

TUCSON COUNCIL FOR INTERNATIONAL VISITORS

Officers and Board 1999-2000

OFFICERS						DATE ASSUMED OFFICE
Secretary (Treasurer (Robert Abbey Corinne Milton Grace Connelly Dr. Florence Reynolds	5312 E Rosewood	anyon Place	85716 85750 85711 85719	795-4283 577-3590 323-8211 792-1275	12-31-99 3-2-00 3-2-00 4-25-99
DIRECTORS						
Zachary Buchalt David Currey Erika Eckhardt William Hargray Judi Hasbrouck Joyce Hospodar Behita Litz Frank Litz Edward McNamara Geraldine Macka	Int. Center H-660 N Longf 5230 N Grey N 7e 1707 W Sunric 4572 N Avenic 6632 N Calle 3630 N Allwood 3630 N Allwood 7831 E Knollw	Mountain Trail 915 N Tyndall Fellow Ave. Mountain Trail dge Drive da Pocacca Padre Felipe od Place FAX & Wood Terrace Son Rd.	W-571-8744 885-3104 885-3104	85750 W-85721 H-85711 85750 85737 85749 85718 85750 85750 85750 85750	-299-6931 577-2513 795-3147 299-9331 797-9862 749-4583 297-6077 885-9653 885-9653 298-0250 327-3780	4-96 4-98 4-95 4-96 4-96 4-97 4-96 4-94 4-96 4-97
Brig. Gen. Jos. Kim Millier William Rux John Westover Joan Willeford Lisl Yanker Bea Salywom	50 N Avenida 6100 N Oracle	Canyon Dr. Javelina FAX 2 : #20 o #326 FAX 2 Creek Drive	W-795-4832 298-1380	85710 85718 85748 85704 85710 85718 85710	886-4333 575-9455 298-0570 297-1492 290-1684 299-1635 296-0085	2-00 4-98 4-94 4-99 4-95 4-99

Page 1

TCIV BALANCE SHEET As of 12/31/99

	Acct	12/31/99 Balance
	ASSETS	
	Cash and Bank Accounts checking	2.823.21
	Total Cash and Bank Accounts	2,823.21
	Other Assets	vet et e la
: .	Exchange Money Market	0.00 4.044.76
	Total Other Assets	4,044.76
	Investments Certis of Depst Treasury Notes	20,000.00 0.00
	Total Investments	20.000.00
'	TOTAL ASSETS	26,867.97
. 1	LIABILITIES Other Liabilities	
	Rent Payable	695.25
	Total Other Liabilities	695.25
	TOTAL LIABILITIES	695.25
(OVERALL TOTAL	26,172.72

TCIV OPERATIONS 1/1/99 Through 12/31/99

′23¹0	
ECKING-All	Accounts

Page 1

Category Description	1/1/99- 12/31/99
INCOME/EXPENSE	
INCOME	•
Donations	511.00
Dues	1,850.00
Enter Book Sold	3,394.00
Gaslight Sales	1,560,00
Interest Income	1,301,35
NCIV Grant	3.312.00
NCIV Meetings	982.00
Service charge	0.00
TOTAL INCOME	12,910.35
EXPENSES	- -
Annual Event	345.00
Annual Lunch	1,266.99
Board Lunch	
Enter Books Buy	34.86
Fax and Copies	2,686,00
Gaslight Costs	273.77 1,416.50
Heidelberg	578.54
Insurance	
NCIV Annual	853.00
NCIV Conf Expse	953.63 145.00
Office Expenses	145.00 219.48
Postage	
Printing	642.68
Rent Paid	255.03
Secretarial Svc	1,668,60
Sundry	1.738.69
Taxes	20.06
Telephone Expense	10.00
Expenses - Other	613.26
	1.90
TOTAL EXPENSES	13,722.99
TOTAL EXPENSE	-812.64
· · · · · · · · · · · · · · · · · · ·	=========

Please Enter Corporation Name:			0104003-3	Page 3
9. FINANCIAL DISCLOSURE (A.R.S Only nonprofit corporations must attach corporations are exempt from filing a financial	a financial statement (balan	22.A.9) ce sheet including assets	; liabilities and equity).	All other forms of
9A. <u>MEMBERS</u> (A.R.S. § 10-11622.A	.6) Nonprofit Corporation	is Only.		
This corporation $oldsymbol{does}\ oldsymbol{oldsymbol{\mathbb{Z}}}$	J does not □	have members.		
10. CERTIFICATE OF DISCLOSURE Has ANY person serving either by election o than 10% of the issued and outstanding com been: [Underlined portion pertains to pr	r appointment as an officer, nmon shares or 10% of any or rofit corporations only]	director, trustee, incorpora other proprietary, beneficia	al or membership interes	t in the corporation
 Convicted of a felony involving a transity year period immediately preceding the Convicted of a felony, the essential eler or monopoly in any state or federal juris Or are subject to an injunction, judgm immediately preceding execution of this 	execution of this certificate? ments of which consisted of isdiction within the seven yea ent, decree or permanent or a certificate where such injun	fraud, misrepresentation, fraud, misrepresentation, ar period immediately prec der of any state or federal action, judgment, decree o	theft by false pretenses of eding execution of this of court entered within the r permanent order involved	or restraint of trade certificate?
(a) fraud or registration provisions (b) the consumer fraud laws of the (c) the antitrust or restraint of trade	at jurisdiction, or	t jurisdiction, or		
One box must be marked	YES 🗇	NO 🛭		
If "YES", the following information must be sub in Items 1. through 3. above.	omitted as an attachment to th	is report for each person s	ubject to one or more of	the actions stated
 Full name and prior names used. Full birth name. Present home address. Prior addresses (for immediate preceding 7 year period). 	5. 6. 7.	Date and location of bi Social Security Numbe The nature and descripti date and location; the co or cause number of the	or ion of each conviction or ourt and public agency inv	judicial action; the /olved, and the file
11. STATEMENT OF BANKRUPTCY Has ANY person serving either by election or than 20% of the issued and outstanding com- served in such capacity or held a 20% interest corporation? [Underlined portion pertains	rappointment as an officer, omen shares or 20% of any of still any other corporation d	director, trustee, incorporate the proprietary, beneficial uring the bankruptcy, received the bankruptcy.	or membership interest	in the corneration
One box <u>must</u> be marked	YES 🗆	NO Ø		
If YES, enter the following:	Chapter	_ Date Filed	Case Number	<u></u> .
If TES, the following information must 1) The names and addresses of each con incorporated b) transacted business. 3) Th	poration and the person or	persons involved 2) The	ch person subject to the e state in which each c	statement above orporation was a)
12. <u>SIGNATURES</u>				
CAUTION: Annual Reports resignatures will be rejected.	iust be signed by a duly	authorized officer. Ann	val Reports submitte	d with incorrect
I DECLARE, UNDER PENALTY OF LAW, TH REVISED STATUTES HAVE BEEN FILED	HAT ALL CORPORATE INCO	OME TAX RETURNS REC PARTMENT OF REVENUE	QUIRED BY TITLE 43 O E.	F THE ARIZONA
further declare under penalty of law tha the best of my (our) knowledge and belie	it I (we) have examined thi of they are true, correct an	s report and the certificated complete.	ate, including any atta	chments, and to
Name RECKENE REYNOL	<u>⊅ </u>	meFINK	LIT-Z Dat	te 3/29/00
Signature +Cocco R	Signa Colv Sign	nature 4	1-t-	
Title EXECUTIVE PIREC	1	tle DIRECTOR (PAST PRESIDE on 7 of this report.)	NT)