



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

Arizona Corporation Commission



00134419

DUE ON OR BEFORE 04/14/1999

FY98-99

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.**

-0715984-4

1. SONORA ENVIRONMENTAL RESEARCH INSTITUTE,
PO BOX 65782
TUCSON, AZ 85728-5782

RECEIVED

APR 05 2000

ARIZONA CORP. COMMISSION
CORPORATION DIVISION

520-321-9488

Business Phone: _____ (Business phone is optional.)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

2. Arizona Statutory Agent: **ANN MARIE A WOLF**
Street Address: **5631 N VIA SALEROSA**
(NOT P.O. BOX)
City, State, Zip: **TUCSON AZ 85715- 85750**

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

Resubmit \$ 10

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

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

NON-PROFIT CORPORATIONS

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

Name: _____ Name: _____

NONE ☐

Name: _____ Name: _____

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

Name: <u>ANN MARIE A WOLF</u>	Name: <u>LORI E KETTLER</u>
Title: <u>PRESIDENT/CEO</u>	Title: <u>VICE-PRESIDENT</u>
Address: <u>5631 N VIA SALEROSA</u>	Address: <u>235 STANIFORD RD</u>
<u>TUCSON, AZ 85750-</u>	<u>BURLINGTON, VT 05401-</u>
Date taking office: <u>04/01/1997</u>	Date taking office: <u>04/01/1997</u>
Name: <u>ANNA H SPITZ</u>	Name: <u>ANNA H SPITZ</u>
Title: <u>SECRETARY</u>	Title: <u>TREASURER</u>
Address: <u>5246 N PASEO DEL ARENAL</u>	Address: <u>5246 N PASEO DEL ARENAL</u>
<u>TUCSON, AZ 85750-</u>	<u>TUCSON, AZ 85750-</u>
Date taking office: <u>04/01/1997</u>	Date taking office: <u>04/01/1997</u>

8. DIRECTORS (If no changes since last report, check here ☒ and go on to Section 9.)

Name: <u>ANN MARIE WOLF</u>	Name: <u>ANNA H SPITZ</u>
Address: <u>5631 N VIA SALEROSA</u>	Address: <u>5246 N PASEO DEL ARENAL</u>
<u>TUCSON, AZ 85750-</u>	<u>TUCSON, AZ 85750-</u>
Date taking office: <u>04/01/1997</u>	Date taking office: <u>04/01/1997</u>
Name: <u>JOAQUIN RUIZ</u>	Name: <u>GONZALO RIVERA</u>
Address: <u>1021 VIA LINTERNA</u>	Address: <u>6303 E TANQUE VERDE #260</u>
<u>TUCSON, AZ 85718-</u>	<u>TUCSON, AZ 85715-</u>
Date taking office: <u>04/01/1997</u>	Date taking office: <u>04/01/1997</u>

Balance Sheet
As of 12/31/1998

Accounts	12/31/1998 Balance
Assets	
Cash and Bank Accounts	
Checking	1,523.08
Petty Cash	58.93
Total Cash and Bank Accounts	1,582.01
Other Assets	
Receivables	1,115.50
Total Other Assets	1,115.50
Total Assets	2,697.51
Liabilities & Equity	
Liabilities	
Other Liabilities	
FICA	107.14
FTW	82.00
Medicare	25.06
Sales Tax	25.20
STW	52.14
Total Other Liabilities	291.54
Total Liabilities	291.54
Equity	2,405.97
Total Liabilities & Equity	2,697.51

Income Statement
1/1/1998 Through 12/31/1998

Category	1/1/1998- 12/31/1998
Inc/Exp	
Income	
Donations	8,799.11
Grants	43,651.00
Projects	5,425.00
Rental Income	252.00
Sales	504.80
Total Income	58,631.91
Expenses	
Benefits:	
Health:	
Spitz	524.00
Wolf	280.00
Total Health	804.00
Total Benefits	804.00
Consultant:	
Cartes	1,190.00
Garb	250.00
Jordan	10,795.00
Lindquist	710.05
Spitz	16,120.00
Valenzuela	1,650.00
Wolf	8,367.08
Total Consultant	39,082.13
Copying-Faxxing	39.64
Equipment	758.87
Government Fee	22.00
Insurance	220.00
Loan	0.00
Meeting	47.23
Payroll:	
FICA	613.87
Gross	9,901.00
Medicare	143.58
Total Payroll	10,658.45
Penalty	106.32
Postage	252.49
Printing	4,633.32
Rent:	
Office	2,835.00
P.O. Box	40.00

Income Statement
1/1/1998 Through 12/31/1998

Category	1/1/1998- 12/31/1998
Total Rent	2,875.00
Seminar	66.00
Supplies:	
Laboratory	2,018.53
Office	1,888.43
Samples	200.00
Total Supplies	4,106.96
Telephone	1,236.93
Travel:	
Meals	7.70
Mileage	348.20
Transportation	4.00
Total Travel	359.90
Expenses - Other	0.00
Total Expenses	65,269.24
Total Inc/Exp	-6,637.33

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

Only nonprofit corporations must **attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only.

This corporation **does** ☐ **does not** ☒ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person 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 been: [Underlined portion pertains to profit corporations only]

1. 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. 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. 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 involved the violation of:
 - (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?

One box **must** be marked: **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). | |

11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2 & 10-3202.02)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to profit corporations only]

One box **must** be marked: **YES** ☐ **NO** ☒

Chapter _____ Date Filed _____ Case Number _____

If "YES", the following information must be submitted as an attachment to this report for each person subject to the statement above.

- 1) The names and addresses of each corporation and the person or persons involved. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.

12. SIGNATURES

CAUTION: Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures will be rejected.

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.

Name <u>Ann Marie Wolf</u>	Date <u>3/31/00</u>	Name <u>Anna H. Spitz</u>	Date <u>3/31/00</u>
Signature <u>[Signature]</u>		Signature <u>[Signature]</u>	
Title <u>President</u>		Title <u>SECRETARY - TREASURER</u>	

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)