



COPY

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

Arizona Corporation Commission



00199830

DUE ON OR BEFORE 04/12/1999

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.**

-0501485-1

1. MINIATURE PINSCHER CLUB OF GREATER TUCSO

~~7600 E RIO VERDE DR~~TUCSON, AZ ~~85715~~

85749

RECEIVED

OCT 3 2000

DELINQUENT ANNUAL REPORT 10/05/1999; CONTACT THE COMMISSION AT 542-3285!

Business Phone: _____ (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: MARY SILFIES

Street Address: ~~7600 E RIO VERDE DR~~

(NOT P.O. BOX)

City, State, Zip: TUCSON

AZ ~~85715~~ 85749

4836 N Castle Ridge Road

ACC USE ONLY

Fee \$ 10

Penalty \$

Reinstate \$

Expedite \$

Resubmit \$

Use this box only if appointing a new Statutory Agent

When 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

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

NON-PROFIT CORPORATIONS

- ☐ 1. Charitable
- ☐ 2. Benevolent
- ☐ 3. Educational
- ☐ 4. Civic
- ☐ 5. Political
- ☐ 6. Religious
- ☐ 7. Social
- ☐ 8. Literary
- ☐ 9. Cultural
- ☐ 10. Athletic
- ☐ 11. Science/Research
- ☐ 12. Hospital/Health Care
- ☐ 13. Agricultural
- ☐ 14. Animal Husbandry
- ☐ 15. Homeowner's Association
- ☐ 16. Professional, commercial industrial or trade association
- ☐ 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)
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Number of Shares/Certificates Issued	Class	Series Within Class (if any)
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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 PLEASE TYPE OR PRINT CLEARLY.

Name: Mary Silfies

Title: President

Address: 4836 N Castle Ridge Road

Tucson, AZ 85749

Date taking office: _____

Name: Robert Follmer

Title: Secretary

Address: 9840 E Domenic Ln

Tucson, AZ 85730

Date taking office: _____

Name: Jeanne McCullough

Title: Vice-Pres

Address: 2110 N Sycamore

Tucson, AZ 85712

Date taking office: _____

Name: Darlene Follmer

Title: Treasurer

Address: 9840 E Domenic Ln

Tucson, AZ 85730

Date taking office: 3/99

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY

Name: Angel Duncan

Address: 8720 W Bopp Road

Tucson, AZ 85735

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

Name: Connie Volk

Address: 5565 N Flint Ave

Tucson, AZ 85704

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

FINANCIAL STATEMENT

IX

PRODUCER'S NAME

PHONE

LIC. NO.

ADDRESS

CITY

STATE

ZIP

To induce COMPANY to become surety for the Undersigned, or to accept the Undersigned as Indemnitor, the Undersigned submits the following Financial Statement.

NAME Miniature Pinscher Club of Greater Tucson		SOCIAL SEC. NO.	
ADDRESS		SPOUSE—SOC. SEC. NO.	
CITY		STATE	ZIP

STATEMENT OF ASSETS AND LIABILITIES AS OF: ☐ INDIVIDUAL ☐ CO-PARTNERSHIP ☐ CORPORATION

(INSERT DATE, OTHERWISE STATEMENT WILL BE RETURNED) April 1, 1999

ASSETS

CASH IN BANK	A	\$ 1,219.82
CASH ON HAND		\$
STOCKS, BONDS, ETC. CD	B	\$ 1,810.32
ACCOUNTS RECEIVABLE	C	\$
NOTES RECEIVABLE	D	\$
INVENTORY AND MERCHANDISE	E	\$
EQUIPMENT	F	\$
REAL ESTATE	G	\$
OTHER ASSETS	H	\$
		\$
		\$
		\$
TOTAL ASSETS		\$ 3,030.14

LIABILITIES

DUE TO BANKS	A	\$
FEDERAL INCOME TAX		\$
ALL OTHER TAXES		\$
ACCOUNTS PAYABLE	C	\$
NOTES PAYABLE	D	\$
		\$
DUE ON EQUIPMENT	F	\$
DUE ON REAL ESTATE	G	\$
OTHER LIABILITIES	H	\$
		\$
CAPITAL STOCK (IF ANY)		\$
SURPLUS & UNDIVIDED PROFITS		\$
TOTAL LIABILITIES		\$

STATEMENT OF EARNINGS

FOR PERIOD BEGINNING

19

AND ENDING

19

GROSS INCOME FROM BUSINESS ACTIVITIES	\$
GROSS INCOME FROM ALL OTHER SOURCES	\$
TOTAL INCOME	\$
EXPENSES OF CONDUCTING BUSINESS (INCLUDE RENT, INSURANCE, ETC.)	\$
SALARIES TO OFFICERS OR PARTNERS	\$
DIVIDENDS PAID DURING YEAR	\$
FED. TAXES ACTUALLY PAID DURING YR.	\$
RESERVE FOR FED. TAXES FOR CURRENT YR.	\$
TOTAL EXPENDITURES	\$
NET PROFIT OR LOSS	\$
IF NO PROVISION HAS BEEN MADE FOR FEDERAL TAXES FOR CURRENT YEAR, STATE ESTIMATED AMOUNT	\$

HAVE YOU EVER FAILED IN BUSINESS OR COMPROMISED WITH CREDITORS? EXPLAIN.

DESCRIBE ANY CONTINGENT LIABILITIES (Endorser, Surety, Indemnitor, Etc.)

BANK CREDIT ESTABLISHED HOW SECURED?

LINES OF BUSINESS IN WHICH YOU ARE ENGAGED

DO YOU HAVE YOUR BOOKS PERIODICALLY AUDITED BY C.P.A. OR OTHER LICENSED ACCOUNTANT?

☐ YES ☐ NO

IF "YES" GIVE DATE OF LAST AUDIT AND NAME OF ACCOUNTANT.

IMPORTANT: REVERSE SIDE MUST BE COMPLETED AND SIGNED

OVER

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 incorporated.
- 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>Mary S. Duff</u>	Date <u>9/28/00</u>	Name <u>Barbara Stamm</u>	Date <u>9/28/00</u>
Signature <u>Mary S. Duff</u>		Signature <u>Barbara Stamm</u>	
Title <u>Pres</u>		Title <u>Treasurer</u>	

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