



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

Arizona Corporation Commission



00287536

DUE ON OR BEFORE 04/14/2001

FY00-01

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.

RECEIVED

APR 12 2001

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

-0715984-4

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

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**

85750
AZ 85715-

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10
Penalty \$ _____
Reinstate \$ _____
Expedite \$ _____
Resubmit \$ _____

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. Please Type or Print Clearly.

Name: _____ Name: _____

NONE ☐

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly.

Name: Ann Marie Wolf

Title: President/CEO

Address: 5631 N. Via Salerosa

Tucson, AZ 85750

Date taking office: 4/1/1997

Name: Anna H. Spitz

Title: Secretary

Address: 5246 N. Paseo del Arenal

Tucson, AZ 85750

Date taking office: 4/1/1997

Name: Lori Kettler

Title: Vice President

Address: 235 Staniford Dr.

Burlington VT 05401

Date taking office: 4/1/1997

Name: Anna H. Spitz

Title: Treasurer

Address: 5246 N. Paseo del Arenal

Tucson, AZ 85750

Date taking office: 4/1/1997

8. DIRECTORS Please Type or Print Clearly.

Name: Ann Marie Wolf

Address: 5631 N. Via Salerosa

Tucson, AZ 85750

Date taking office: 4/1/1997

Name: Joaquin Ruiz

Address: 1021 Via Linterna

Tucson, AZ 85718

Date taking office: 4/1/1997

Name: Anna H. Spitz

Address: 5246 N. Paseo del Arenal

Tucson, AZ 85750

Date taking office: 4/1/1997

Name: Gonzalo Rivera

Address: 6303 E. Tanque Verde Rd. #260

Tucson, AZ 85715

Date taking office: 4/1/1997

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Sonora Environmental Research Institute, Inc.

6. Directors

Lori Kettler
235 Staniford Dr.
Burlington, VT 05401

Date Taking Office: 4/1/1997

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Balance Sheet
As of 1/1/01

Accounts	1/1/01 Balance
Assets	
Cash and Bank Accounts	
Anna	0.00
AnnMarie	0.00
Checking	211.55
Dave	0.00
New Checking	0.00
Petty Cash	2.47
Total Cash and Bank Accounts	214.02
Other Assets	
Capital Equip	3,136.97
Receivables	112.50
Total Other Assets	3,249.47
Total Assets	3,463.49
Liabilities & Equity	
Liabilities	
Other Liabilities	
Books	1,654.67
FICA	297.60
FTW	0.00
Medicare	69.60
Sales Tax	2.38
STW	17.80
Total Other Liabilities	2,042.05
Total Liabilities	2,042.05
Equity	1,421.44
Total Liabilities & Equity	3,463.49

07159844

Income Statement
12/31/99 Through 1/1/01

Category	12/31/99- 1/1/01
Inc/Exp	
Income	
Donations	1,400.00
Grants	8,910.00
Overpayment	2.68
Sales	172.50
Workstudy	3,159.00
Income - Other	148.73
Total Income	13,792.91
Expenses	
Benefits:	
Childcare:	
Lindquist	100.00
Total Childcare	100.00
Health:	
Spitz	2,451.29
Wolf	1,162.62
Zavodska	412.00
Total Health	4,025.91
Total Benefits	4,125.91
Consultant:	
Cartes	67.20
Consultant - Other	1,955.69
Total Consultant	2,022.89
Copying-Faxxing	4.91
Equipment:	
Depreciation	721.00
Maintenance	85.00
Total Equipment	806.00
Gift	2.09
Government Fee	20.00
Insurance	532.82
Loan	-2,716.36
Payroll:	
FICA:	
Overtime	1.12
FICA - Other	797.62
Total FICA	798.74
Gross:	
Overtime	18.00

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Income Statement
12/31/99 Through 1/1/01

Category	12/31/99- 1/1/01
Gross - Other	12,929.50
Total Gross	12,947.50
Medicare:	
Overtime	0.26
Medicare - Other	191.49
Total Medicare	191.75
Total Payroll	13,937.99
Postage	116.69
Printing	1,706.03
ProServices:	
Grinding	500.00
Total ProServices	500.00
Rent:	
Office	4,095.00
P.O. Box	44.00
Total Rent	4,139.00
Service charge	86.00
Shipping	-1.67
Supplies:	
Laboratory	529.18
Office	317.31
Supplies - Other	55.00
Total Supplies	901.49
Telephone	1,573.24
Travel:	
Meals	17.15
Mileage	11.97
Transportation	17.00
Total Travel	46.12
Expenses - Other	0.00
Total Expenses	27,803.15
Total Inc/Exp	-14,010.24

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9) 0 71548144

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 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 Ann Marie Wolf Date 4/10/01 Name Anna H. Spitz Date 4/10/01

Signature [Signature] Signature [Signature]

Title President Title Secretary - Treasurer

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