



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



DUE ON OR BEFORE 05/07/1998

FILING FEE \$45.00

The following information is required by A.R.S. §10-1622 & §10-2501 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 & §10-2545.A. ~~FOR INFORMATION ONLY: THIS FORM IS NOT A SUBSTITUTE FOR THE ANNUAL REPORT REQUIRED BY A.R.S. §10-1622 & §10-2501. 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.~~

1. SWIRE PACIFIC HOLDINGS INC.
~~% KENT D'QUINN~~ o/o Elaine Chawin
 875 SOUTH W TEMPLE *** 12634 S 245 W
 SALT LAKE CITY, UT 84101 Daper UT 84020

Business Phone: 8018165300 Corporation File Number: F-0037168-0
 State of Domicile: UTAH Type of Corporation: PROFIT

2. Arizona Statutory Agent: C T CORPORATION SYSTEM
 Street Address: 3225 N CENTRAL AVE
 (NOT P.O. BOX)
 City, State, Zip: PHOENIX AZ 85012-

Use this box only if appointing a new Statutory Agent



Appointing a new statutory agent, the new agent MUST consent to that appointment by signing below: wavied pen per staff.

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: 230553 % CT CORPORATION SYSTEM
 3225 N CENTRAL AVE
 PHOENIX, AZ 85012

~~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 checked="" 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 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 _____ |

CORPORATIONS DIV.
RECEIVED

APR 20 2001
DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

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. F-0037168-0

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

20,000Common

Number of Shares/Certificates Issued

Class

Series Within Class (if any)

6950Common**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. (If no changes since last report, check here and go on to Section 7.)Name: SWIRE PACIFIC LTDName: NONE ☐Name: Name: **7. OFFICERS** (If no changes since last report, check here and go on to Section 8.)Name: H J CONYBEAREName: J PELOTitle: PRESIDENT/CEOTitle: VICE-PRESIDENTAddress: 339A FI DORSET HOUSE, TAIKOO PLACE
SWIRE HOUSE 4TH FL 979 Kings Road
HONG KONG, XX -Address: 875 S W TEMPLE 12634 S 265 W
SALT LAKE CITY, UT 84101-
DRAPER 84020Date taking office: 07-01-93Date taking office: 03-04-96Name: L A EKINSName: P K ETCHELLS JR SiosarTitle: SECRETARYTitle: TREASURERAddress: 875 S W TEMPLE 12634 S 265 W
SALT LAKE CITY, UT 84101-
DRAPER 84020Address: 339A FI DORSET HOUSE, TAIKOO PLACE
SWIRE HOUSE 4TH FL 979 Kings Road
HONG KONG, XX -Date taking office: 01-16-96Date taking office: 07-01-93 1998**8. DIRECTORS** (If no changes since last report, check here and go on to Section 9.)Name: J PELOName: L A EKINSAddress: 875 S W TEMPLE 12634 S 265 W
DRAPER 84020
SALT LAKE CITY, UT 84101-Address: 875 S W TEMPLE
12634 S 265 W
SALT LAKE CITY, UT 84101-
DRAPER 84020Date taking office: 03-04-96Date taking office: 01-16-96Name: H J CONYBEAREName: P K ETCHELLS JR SiosarAddress: 339A FI DORSET HOUSE, TAIKOO PLACE
SWIRE HOUSE 4TH FL 979 Kings Road
HONG KONG, XX -Address: 339A FI DORSET HOUSE, TAIKOO PLACE
SWIRE HOUSE 4TH FL 979 Kings Road
HONG KONG, XX -Date taking office: 07-01-93Date taking office: 07-01-93 1998

Please Enter Corporation Name: _____

F-0037168-0

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-2501.A.6)

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.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-2505.A)

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:

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 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)

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?

~~One must be marked~~YES ☐NO ☒~~If YES, enter the following:~~

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. All the names and addresses of each corporation and its parent or persons involved. 2. The date in which each corporation was incorporated with the state of Arizona. 3. The date of corporate operation.~~

12. SIGNATURES

~~CAUTION: Signing requirements vary according to the type of corporation. See the instruction sheet for specific rules. 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 L. Elkin Date 10/22/98 Name _____ Date _____Signature L. Elkin, Secretary Signature _____Title Secretary Title _____

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