



00469063



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

DUE ON OR BEFORE 04/23/2002

FY01-02

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.

1. -0882573-7

GLENDAL H-D HOG CHAPTER NO. 0083
% GLENDAL HARLEY-DAVIDSON
5556 NW GRAND AVE
GLENDAL, AZ 85301

RECEIVED

FEB 22 2002

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: 623-247-5542

(Business phone is optional)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

RECEIVED

APR 01 2002

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2. Arizona Statutory Agent: WARREN M SCHULTZ
Street Address: % KAROLCZYK AND BROWN PLC
5225 N CENTRAL AVE #101
City, State, Zip: PHOENIX, AZ 85012

City, State, Zip:

PHOENIX, AZ 85012

IPR

2/25/02

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10-

Penalty \$

Reinstata \$

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 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 checked="" 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: MILTON 'Buck' Rogers

Title: Chapter Director

Address: 5556 NW Grand Ave

Glenade Az 85301

Date taking office: 15 OCT 1990

Name: GARY FORNEY

Title: Asst. Director

Address: 16003 N. LASSO DR

Surprise, Az. 85374

Date taking office: JANUARY 1 2002

Name: Vicki Davis

Title: SECRETARY

Address: 15041 N. 75th DR.

Peoria Az 85381

Date taking office: JANUARY 1 2002

Name: TIM MUDRIC

Title: TREASURER

Address: 1734 W. BUCKER DR.

PHOENIX AZ 85021

Date taking office: JANUARY 1 1999

8. DIRECTORS Please Type or Print Clearly.

Name: MARK TRACH

Address: 5556 NW. Grand Ave

Glenade Az 85301

Date taking office: JULY 15 1999

Name: BRET IRVING

Address: 5556 NW. Grand Ave

Glenade Az 85301

Date taking office: JULY 15 1999

Name: BILL NASH

Address: 5556 NW. Grand Ave

Glenade Az 85301

Date taking office: JULY 15 1999

Name: _____

Address: _____

Date taking office: _____

CHAPTER ANNUAL FINANCIAL STATEMENT



Chapter Name GLENDALE, ARIZONA

Chapter Number # 83

Year Ending: December 31, 01

Annual Dues (if applicable) \$ 20.00

Profit & Loss

Income

Dues \$ 6060.00
Fund-raisers \$ 36879.05
Event Fees \$ 1850.00
Merchandise Sales \$ 1999.00
All Other \$ 10208.74
TOTAL \$ 56996.79

Expense

Postage \$ 2874.56
Printing \$ 9765.88
Door Prizes \$ 0
Professional Fees \$ 1228.50
Supplies & Misc. \$ 6555.56
All Other \$ 39304.36
TOTAL \$ 59728.86

Net Worth

Cash on Hand,
Beginning of Year \$ 2735.47
Add:
Total Income: \$ 56996.79
Sub-Total \$ 59732.26
Less:
Total Expenses \$ 59728.86
Cash on Hand
End of Year \$ 3.40

Treasurer Timothy A. Murrie

Date 1-14-02

Dealer [Signature]

Date 1-16-02

Please Enter Corporation Name: Glendale H-D HOG Chapter # 83

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

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) Full name and addresses of each corporation and partnership in which the person served or held an interest; (2) The date of bankruptcy, receivership, or charter revocation; (3) The name of the corporation.

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 certificates, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name BRET FRYLIFE Date 2/21/02 Name MULTA ROGERS Date 2/21/02

Signature [Signature] Signature MULTA ROGERS

Title Director Title Director Chapter 83

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