



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

Arizona Corporation Commission



DUE ON OR BEFORE 04/14/2002

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. -0715984-4  
SONORA ENVIRONMENTAL RESEARCH INSTITUTE, INC.  
PO BOX 65782  
TUCSON, AZ 85728-5782

RECEIVED

APR 09 2002

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

Business Phone: 520-321-9488 (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  
TUCSON, AZ 85750

City, State, Zip:

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

- ☐ 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. **Please Type or Print Clearly.**

**NONE** ☐ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_

**7. OFFICERS** Please Type or Print Clearly.

Name: <u>Ann Marie Wolf</u> Title: <u>President / CEO</u> Address: <u>5631 N. Via Salerosa</u> <u>Tucson, AZ 85750</u> Date taking office: <u>4/1/1997</u>	Name: <u>Lori Kettler</u> Title: _____ Address: <u>1040 Brandon, Apt. #5</u> <u>Norfolk, VA 92507</u> Date taking office: <u>4/1/1997</u>
Name: <u>Anna H. Spitz</u> Title: <u>Secretary</u> Address: <u>5246 N. Paseo del Arenal</u> <u>Tucson, AZ 85750</u> Date taking office: <u>4/1/1997</u>	Name: <u>Anna H. Spitz</u> Title: <u>Treasurer</u> Address: <u>5246 N. Paseo del Arenal</u> <u>Tucson, AZ 85750</u> Date taking office: <u>4/1/1997</u>

**8. DIRECTORS** Please Type or Print Clearly.

Name: <u>Ann Marie Wolf</u> Address: <u>5631 N. Via Salerosa</u> <u>Tucson, AZ 85750</u> Date taking office: <u>4/1/1997</u>	Name: <u>Lori Kettler</u> Address: <u>1040 Brandon, Apt. #5</u> <u>Norfolk, VA 92507</u> Date taking office: <u>4/1/1997</u>
Name: <u>Anna H. Spitz</u> Address: <u>5246 N. Paseo del Arenal</u> <u>Tucson, AZ 85750</u> Date taking office: <u>4/1/1997</u>	Name: <u>Joagurn Ruiz</u> Address: <u>1021 Via Linterna</u> <u>Tucson, AZ 85718</u> Date taking office: <u>4/1/1997</u>

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Sonora Environmental Research Institute, Inc.

#8 Directors

Gonzalo Rivera  
6303 E. Tanque Verde Rd. #260  
Tucson, AZ 85715

Date Taking Office: 4/1/1997

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**Balance Sheet**  
As of 12/31/01

<b>Accounts</b>	<b>12/31/01 Balance</b>
<b>Assets</b>	
Cash and Bank Accounts	
Checking	8,286.88
Petty Cash	29.52
Total Cash and Bank Accounts	8,316.40
Other Assets	
Capital Equip	3,077.97
Receivables	3,000.00
Total Other Assets	6,077.97
<b>Total Assets</b>	<b>14,394.37</b>
<b>Liabilities &amp; Equity</b>	
Liabilities	
Other Liabilities	
Books	1,654.67
FICA	263.28
FTW	38.00
Medicare	61.50
Sales Tax	0.00
STW	125.20
Total Other Liabilities	2,142.65
Total Liabilities	2,142.65
Equity	12,251.72
<b>Total Liabilities &amp; Equity</b>	<b>14,394.37</b>

 4/4/02

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

Category	1/1/01- 12/31/01
<b>Inc/Exp</b>	
Income	
Donations	576.38
Grants	90,562.00
Sales	24.00
Workstudy	2,551.50
Total Income	93,713.88
Expenses	
Benefits:	
Dental:	
Wolf	153.96
Total Dental	153.96
Health:	
Spitz	232.98
Wolf	1,390.11
Zavodska	824.00
Health - Other	-223.00
Total Health	2,224.09
Life:	
Zavodska	76.00
Total Life	76.00
Total Benefits	2,454.05
Books	20.50
Conference	495.00
Consultant:	
BHF	14,830.78
CFR	2,658.58
Reisig	6,748.00
Total Consultant	24,237.36
Equipment:	
Depreciation	1,236.00
Repair	85.00
Total Equipment	1,321.00
Government Fee	10.00
Insurance	500.00
Legal Fee:	
Patent	3,497.00
Total Legal Fee	3,497.00
Loan	2,716.36
Meeting	35.92
Membership	70.00
Payroll:	
FICA:	
Overtime	12.78
Vacation	62.00
FICA - Other	1,726.67

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

Category	1/1/01- 12/31/01
Total FICA	1,801.45
Gross:	
Overtime	206.25
Vacation	1,000.00
Gross - Other	27,848.65
Total Gross	29,054.90
Medicare:	
Overtime	2.99
Vacation	14.50
Medicare - Other	408.91
Total Medicare	426.40
Total Payroll	31,282.75
Postage	267.45
Printing	1,369.88
Rent:	
Office	3,780.00
P.O. Box	38.00
Total Rent	3,818.00
Service charge	50.00
Shipping	255.95
Supplies:	
Laboratory	4,184.55
Office	3,132.85
Total Supplies	7,317.40
Telephone	1,731.85
Travel:	
Lodging	571.91
Meals	305.71
Mileage	679.48
Transportation	163.50
Total Travel	1,720.60
Website	201.52
Expenses - Other	0.00
Total Expenses	83,372.59
<b>Total Inc/Exp</b>	<b>10,341.29</b>

 4/4/02

**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) 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 4/4/02 Name Anna H. Spitz Date 4/4/02

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.)