

__ 9. Contractor __ 10. Credit/Collection

___14. General Consulting

11. Education
12. Engineering
13. Enfertainment

__ 15. Health Care

___16. Hotel/Motel ___17. Import/Export

__ 18. Insurance __ 19. Legal Services

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. Metarinary Medicine/Animal Ci

37. Veterinary Medicine/Animal Care

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



•				_
DUE ON OR BEFORE 03	/09/2002	FY01-02	FILIN	G FEE \$45.00
The following information is r Statutes, Title 10. The YOUR REPORT MUST BE SU for the report should reflect INSTRUCTIONS ON PAGE 4.	Commission's au	uthority to prescribe DRIGINAL FORM. Mak	this form is A.R.S. echanges or corrections wh	§§10-121.A. & 10-3121.A. nere necessary. Information
10218745-6			RECEIVED	
RICHARDSON RESC PMB345	_		OCT 3 - 2002	JUN 2 6 2002
8711 K PINNACLE PEAK RD #3 SCOTTSDALE, AZ 85255-3555			ARIZONA CORP. COMMISSIC CORPORATIONS DIVISION	APEZONA CORP. COMMISSION CORPORATIONS DIVISION
			RE COMMISSION AT 5	
Business Phone: State of Domicile:		Type of Corporation	* *-	RECEIVED
2. Arizona Statuto	2 0	D RICHARDSON		AUG 2 2 2002
	Address: PMB : 8711 tate, Zip: SCOT	E PINNACLE PE	AK RD #345 255-3555	ARIZONA CORP. COMMISSIO CORPORATIONS DIVISION
Fee s 45 IRECTOR	If appointing a <u>new</u> signing below I, (individual) or We,	statutory agent, the ne (corporation or limited	ointing a new St w agent MUST consent i liability company) having t his appointment until my	to that appointment by been designated the new
Resubmit \$	Sig	nature of new Statutor	y Agent	
3. Secondary Address: (Foreign Corporations a REQUINED to comple this section.)	4e	1492 475	940	
4. Check the one categor BUSINESS CO 1. Accounting 2. Advertising 3. Aerospace 4. Agriculture 5. Architecture 6. Banking/Finance 7. Barbers/Cosmetology 8. Construction 9. Contractor		ai nting stock	CTER OF BUSINESS of y NON-PROFIT CORPORT 1. Charitable 2. Benevolent 3. Educational 4. Civic 5. Political 6. Religious 7. Social 8. Literary 9. Cultural	

__ Athletic

Other_

Science/Research

Animal Husbandry

Agricultural

Hospital/Health Care

Homeowner's Association

Professional, commercial industrial or trade association

10.

15.

ne trust estate.	insterable certificates held b	
lumber of Shares/Certificates Authorized	Class	Series Within Class (if any)
10,000	Common	
lumber of Shares/Certificates Issued	Class	Series Within Class (if any)
100	Common	
Name: Daviow. Richar	class of shares issued by the same Type or Print C	ne corporation, or having more than a 20%
ONE Name:	Name:	
OFFICERS Please Type or Print	Clearly.	
Jame: Davio w. Richardean	Name:	
itle: Prusiont	Title:	
odress: 10400 E, Challa	Address: _	
Scotkdale AZ 85 25	_	
ate taking office: 1943 11-14-89		
2		g office:
0 1	Name:	
itle: Secretary	Title:	
ddress: 10410 E. Challa		
Scottsdale, AZ 852		
Date taking office: 11-14-89	- Date taking	g office:
DIRECTORS Please Type or Print	B1	
ame: David W. Richardso		•
ame: David W. Richardson duress: 10410 E. Cholla	Address: _	
ouress: <u>Javid W. Richardson</u> Ouress: <u>JUHIO E. Cholla</u> <u>Scottsdale, AZ 85</u>	Address: _	•
amo: David W. Richardson duress: 10410 E. Cholla	Address: _	•
ouress: <u>David W. Richardson</u> duress: <u>IU410 E. Cholla</u> <u>Scottsdale, AZ 85</u>	Address: _	

⊃ا ⊊	ease Enter Corporation Name:			Page 3
€.	FINANCIAL DISCLOSURE (A.R.S.	\$§10-1622.B & 10-1	1622.A.9) 02/8745-6	
VOI POR	nprofit corporations <u>must attach</u> a fina porations are exempt from filing a finan	nciai slatement (baland cial disclosure.	ce sheet including assets, liabilities and equity).	All other forms of
A	. <u>Members</u> (A.R.S. § 10-11622.A	.6) Nonprofit Corpora	itions Only.	
	This corporation does	does not	have members.	•
	CERTIFICATE OF DISCLOSURE			
109	s ANY person serving either by election or 6 of the issued and outstanding common s iderlined portion pertains to profit co	hares or 10% of any other	r, director, trustee, incorporator <u>and person controlling</u> er proprietary, beneficial or membership interest in	or holding more than the corporation been:
Uľ	• • •	•		
i. <u>2</u>	period immediately preceding the exec	cution of this certificate?	ner fraud or antitrust in any state or federal jurisdiction? ffraud, misrepresentation, theft by false pretenses o	
<u>-</u> - 3.	monopoly in any state or federal jurisd Or are subject to an injunction, judgme	liction within the seven t nt, decree or permanent	year period immediately preceding execution of order of any state or federal court entered within t	this certificate? he seven year period
	immediately preceding execution of th	is certificate where suct	h injunction, judgment, decree or permanent ord	er involved the violation (
	(a) fraud or registration provisions (b) the consumer fraud laws of that (c) the antitrust or restraint of trad	at jurisdiction, or	on?	······································
	One box <u>must</u> be marked:	YES 🗆	NO	
	TES*, the following Information must be stems 1. through 3. above.	ubmitted as an attachme	ent to this report for each person subject to one or more	e of the actions stated
1.		5.	Date and location of birth.	
2. 3.		6. 7.	Social Security Number The nature and description of each conviction	orjudicial action; the
4.	Prior addresses (for immediate preceding 7 year period).		date and location; the court and public agency or cause number of the case.	involved, and the file
	PTATPMENT OF SAMESMENTON	(A.D.C. 6540,000 D.C.		
la		or appointment as an oi	fficer, director, trustee, incorporator <u>and person c</u> 20% of any other proprietary, beneficial or member	
or		eld a 20% interest in ar	ny other corporation during the bankruptcy, rece	
	One box must be marked:	YES 🗆	NO X	
	Chapter	Date Filed	Case Number	
F) N	The names and addresses of each corp	oration and the person o	attachment in this report for each person subject or persons involved. 2) The state in which each coemition.	corporation was
12.	<u>SIGNATURES</u>			
	CAUTION: Armusi Reports me Signatures will be rejected.	st be signed by a cur	y authorizad officer: Annual Reports sylvinid	ed with incorec!
D AR	 ECLARE, UNDER PENALTY OF LAW IZONA REVISED STATUTES HAVE BE	/, THAT ALL CORPOR	NATE INCOME TAX RETURNS REQUIRED BY ARIZONA DEPARTMENT OF REVENUE.	TITLE 43 OF THE

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 DWINW Lung Son Date 8/20/02	Name DAVID W. RICHARDSON Date 8/30/03
- Outline	Signature
Title Prespect	Title

(Signator(s):must be duly airthorized corporate officer(s)titisted in section 7 of this report.)