



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

Arizona Corporation Commission



00631522

DUE ON OR BEFORE 11/20/2002

FY02-03

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. -0526014-4  
W M SYMPOSIA, INC.  
P O BOX 35340  
TUCSON, AZ 85740

RECEIVED

NOV 18 2002

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Business Phone: \_\_\_\_\_ (Business phone is optional.)  
State of Domicile: **ARIZONA** Type of Corporation: **NON-PROFIT**

RECEIVED

JAN 9 - 2003

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

2. Arizona Statutory Agent: **PAT FARRELL**  
Street Address: **ONE SOUTH CHURCH AVE #830**  
**TUCSON, AZ 85701-1620**

City, State, Zip:

NO \$ 1-10-03

Use this box only if appointing a new Statutory Agent

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

ACC USE ONLY IPR	
Fee	\$10-11-18-02
Penalty \$	_____
Reinstate \$	_____
Expedite \$	_____
Resubmit \$	_____

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 checked="" 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<br>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.

See List Attached

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

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

See List Attached

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_



## WM'03 Board Members (9-13-02)

0526014-4

**Warren Bodily**  
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*Took office: July 2002*  
**C. Clint Miller**  
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**Sue J. Mitchell, Chairman**  
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*Took Office: ~~July~~ July 2002*

WM 03  
0526014-4

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C-  
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**Fred E. Sheil, Secretary**  
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**James W. Voss, Managing Director**  
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C-  
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**Robert F. Williams, Treasurer**  
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*Took office July 2002*

**WM SYMPOSIA, INC.**  
**STATEMENTS OF FINANCIAL POSITION**  
June 30, 2002 and 2001

	<u>2002</u>	<u>2001</u>
<b>ASSETS</b>		
Cash and cash equivalents	\$ 618,328	\$ 517,728
Accounts receivable	12,539	10,120
Prepaid conference expenses	<u>10,189</u>	<u>16,246</u>
	<u>\$ 641,056</u>	<u>\$ 544,094</u>

**LIABILITIES AND NET ASSETS**

**Liabilities:**

Accounts payable - Note 4	\$ 210,224	\$ 144,453
Accrued payroll	<u>2,274</u>	<u>7,526</u>
	212,498	151,979

**Unrestricted net assets:**

Board designated - Note 5	375,000	300,000
Available for operations	<u>53,558</u>	<u>92,115</u>
	<u>428,558</u>	<u>392,115</u>
	<u>\$ 641,056</u>	<u>\$ 544,094</u>

See Accompanying Notes.

**WM SYMPOSIA, INC.**  
**STATEMENTS OF ACTIVITIES**  
For the years ended June 30, 2002 and 2001

	<u>2002</u>	<u>2001</u>
<b>Revenues:</b>		
Conference fees:		
Exhibitor space and registration	\$ 470,820	\$ 419,198
Technical registration	665,085	760,827
Sponsors	64,000	54,000
Other	30,649	34,004
Interest	<u>7,751</u>	<u>16,169</u>
Total revenues	1,238,305	1,284,198
<b>Expenses:</b>		
Administration	181,777	197,719
Board of Directors	9,652	19,134
Conference	885,433	812,423
Grant - Note 4	125,000	125,000
Other	<u>0</u>	<u>9,900</u>
Total expenses	<u>1,201,862</u>	<u>1,164,176</u>
Increase in unrestricted net assets	36,443	120,022
Unrestricted net assets at beginning of year	<u>392,115</u>	<u>272,093</u>
Unrestricted net assets at end of year	<u>\$ 428,558</u>	<u>\$ 392,115</u>

See Accompanying Notes.

**9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)**

Nonprofit corporations **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

**9A. MEMBERS (A.R.S. § 10-11622.A.6)** Only Nonprofit Corporations must answer this question.

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/or 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 business 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, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.02, 10-1623 & 10-11623)**

- A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: **YES** ☐ **NO** ☒
- B) Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or 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 business corporations only]

One box must be marked: **YES** ☐ **NO** ☒

If "YES" to A and/or B, 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 (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business
3. The dates of corporate operation
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed
6. Name and address of court appointed receiver

**12. SIGNATURES:** Annual Reports must be signed and dated by at least one duly authorized officer or they 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 Sue J. Mitchell Date 11/5/02 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature [Signature] Signature \_\_\_\_\_

Title Chairman of the Board Title \_\_\_\_\_

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