



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

AZ Corp. Commission
01128415

DUE ON OR BEFORE 04/08/2005

FY04-05

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 on page 4 for proper format.

RECEIVED

MAR 2 - 2005

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

1. -0104003-3
TUCSON COUNCIL FOR INTERNATIONAL VISITORS, INC.
3900 E TIMROD ST
TUCSON, AZ 85711

Business Phone (520) 326-4673 (Business phone is optional.)

State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Statutory Agent: NORRIS L GANSON Physical Address, If Different.
Mailing Address: 6700 N ORACLE RD #326 Physical Address:
City, State, Zip: TUCSON, AZ 85704 City, State, Zip:

ACC USE ONLY IPR

Fee \$ 10 3-3-05
Penalty \$
Reinstate \$
Expedite \$
Resubmit \$

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

Printed Name of new Statutory Agent

3. Secondary Address: 940498

(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 checked="" 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 |

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. **Please Print or Type Clearly.**

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
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5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

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. You Must List at Least One.

Name: Adel Ziady Name: _____

Title: President Title: _____

Address: 4600 E. Ina Rd. Address: _____

TUCSON, AZ 85718

Date taking office: May 2004 Date taking office: _____

Name: Nancy D. Hummel Name: _____

Title: TREASURER Title: _____

Address: 4733 N. Tonalca Trail Address: _____

TUCSON, AZ 85749

Date taking office: May 2004 Date taking office: _____

8. DIRECTORS Please Type or Print Clearly. You Must List at Least One.

Name: Cindy Hagerman Name: _____

Address: 4127 E. Boulder Springs Way Address: _____

TUCSON, AZ 85712

Date taking office: May 2004 Date taking office: _____

Name: _____ Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

2/24/05

Cash Flow Report

1/1/04 Through 12/31/04

Page 1

Category Description	1/1/04- 12/31/04
INFLOWS	
Uncategorized	0.00
April Luncheon	572.00
Corporate Sponsor	800.00
Fee For Services	400.00
Financial services	0.00
Membership	2,350.00
Money Market Account	2,000.00
NCIV Community Partners Grant	10,225.00
NCIV Grant	285.00
NCIV Nat'l Conference Grant	569.00
NCIV Regional Conference Grant	884.00
October Luncheon Fees	980.00
Reconcile Quicken (income)	153.44
Special event	4,364.71
TOTAL INFLOWS	23,583.15
OUTFLOWS	
Annual NCIV Dues	125.00
Annual Report	13.89
April Luncheon expenses	915.11
Brochures	64.56
Filing Fee	10.00
Financial Review	500.00
Financial services fees	24.00
Insurance	3,736.00
Internet Service	408.80
Misc	71.54
NCIV Annual Meeting	2,244.98
NCIV Regional Conference	1,084.18
Newsletter	108.90
October Luncheon Expenses	1,434.13
Postage & Courier	364.22
Printer	289.00
Printing	10.00
Rent	1,798.50
Special event expenses	2,914.12
Supplies & Materials	394.34
Utilities	
Telephone	779.61
TOTAL Utilities	779.61
TOTAL OUTFLOWS	17,290.88
OVERALL TOTAL	6,292.27

Net Worth Report
(Includes unrealized gains)
As of 2/24/05

2/24/05

Page 1

Account	2/24/05 Balance
ASSETS	
Cash and Bank Accounts	
TCIV	0.00
TCIV II	8,168.98
TOTAL Cash and Bank Accounts	8,168.98
Investments	
Bank Atlantic CD	16,852.44
US Gov Money Market	3,745.47
TOTAL Investments	20,597.91
TOTAL ASSETS	28,766.89
LIABILITIES	0.00
OVERALL TOTAL	28,766.89

Notes:

1. **We do not have two checking accounts.** To reconcile Quicken, the original TCIV account was zeroed out. The checking account was then designated TCIV II for Quicken purposes only.
2. Investment account was set up by bequest approx. 1986-88. Morgan Stanley manages the account.
3. Investment account activity is reported to us quarterly. Net worth report reflects last reported quarter ending 12/31/2004.
4. The CD is invested in 17,000 shares of Bank Atlantic. Price of shares fluctuates daily. CD pays interest semi-annually (April and October). Interest is automatically moved into money market account. Interest for 2004 was \$340.
5. Money market account earns small dividend monthly.

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.D.2, 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 as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

One box **must** be marked:

YES ☐ NO ☒

[Underlined portion pertains to business corporations only]

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 <u>Adel Ziady</u>	Date _____	Name <u>Nancy D Hummel</u>	Date <u>2/24/2005</u>
Signature <u>[Signature]</u>		Signature <u>Nancy D Hummel</u>	
Title <u>President</u>		Title <u>Treasurer</u>	

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