

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



DUE ON OR BEFORE 04/25/2005

-0734585-0

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.

VIOLIN MAKERS ASSOCIATION OF ARIZONA, INTERNATIONA RECEIVED 7985 S LENNOX LN MAR 2 1 2005 TUCSON, AZ 85747 ARIZONA CORP. COMMISSION CORPORATIONS DIVISION Business Phone: (Business phone is optional.) State of Domicile: ARIZONA Type of Corporation: NON-PROFIT 2. Statutory Agent: WILLIAM BARNITZ Physical Address, If Different. Mailing Address: 7985 8 LENNOX LN Physical Address: City, State, Zip: TUCSON, AZ 85747 City, State, Zip: Use this box only if appointing a new Statutory Agent ACC USE ONLY If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Penalty 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. Reinstate \$\_\_\_\_ Expedite \$\_\_\_ Signature of new Statutory Agent

Printed Name of new Statutory Agent

(Foreign Corporations are REQUIRED to complete

this section).

Resubmit \$ .

955037 Secondary Address:

Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS		NON-PROFIT CORPORATIONS
1. Accounting	20. Manufacturing	1 Charitable
2. Advertising	21. Mining	2Senevolent
3. Аеговрасе	22. News Media	3. 🔀 Educational ——
4. Agriculture	23. Pharmaceutical	4 Civia
5. Architecture	24. Publishing/Printing	5 Political
6. Banking/Finance	25. Ranching/Livestock	6 Religious
7. Barbers/Cosmetology	26. Reat Estate	7 Social
8. Construction	27. Restaurant/Bar	8. <u>Literary</u>
9. Contractor	28. Retail Sales	9 Cultural
10. Credit/Collection	29. Science/Research	10 Athletic
11. Education	30. Sports/Sporting Events	11 Science/Research
12. Engineering	31. Technology(Computers)	12 Hospital/Health Care
13. Entertainment	32. Technology(General)	13 Agricultural
14. General Consulting	33. Television/Radio	14 Animal Husbandry
15. Health Care	34. Tourlsm/Convention Services	15 Homeowner's Association
16. Hotel/Motel	35. Transportation	<ol> <li>16 Professional, commercial</li> </ol>
17. Import/Export	36. Utilities	industrial or trade association
18. Insurance	37. Veterinary Medicine/Animal Care	17 Other
19 Lenal Services	38 Other	

Date taking office:

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

Name:

Address:

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

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

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

## THE JOURNAL OF THE VIOLIN MAKERS ASSOCIATION OF ARIZONA, INTERNATIONAL

Web Site: www.vmaai.com

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## VMAAI TREASURY REPORT

AS OF 6 OCTOBER 2004

## FROM 4 OCTOBER 2003 TO 6 OCTOBER 2004

	INCOME	EXPENSES	
STARTING BALANCE	\$7621.39		
DUES	3680.00		
BANQUET	980.00		
RAFFLE	725.90		
SCHOLARSHIP	580.00		
INSTRUMENT ENTRIES	925.00		
JOURNAL ADVERTISING	230.00		
•	\$14742.29	***	
JOURNAL TROPHY CERTIFICATES SCHOLARSHIP FUND TROPHIES TROPHY POSTAGE ANNUAL INSURANCE 2003 CONVENTION HOTEL BI CORPORATION COMMISSION EARTHLINK WEBSITE BOUNCED CHECKS (2) BOUNCED CHECK FEE DUREE SHRIVERICK EXPENS EMBOSSING STAMPS (2)		\$3000.00 66.79 500.00 734.37 10.90 500.00 1304.00 10.00 381.40 40.00 10.00 90.00 65.74	
		\$6713.20	

ENDING BALANCE

\$8029.09

ED CAMPBELL WORKSHOP

IN: \$13,432.80

OUT: \$13,432.80

Please Enter Corporation Name:	File number <u>0734575. 0</u> Page 3			
<ol> <li>FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)</li> <li>Nonprofit corporations <u>must attach</u> a financial statement (e.g. informs of corporations are exempt from filing a financial disclosure.</li> </ol>	come/expense statement, balance sheet including assets, liabilities). All other			
9A. MEMBERS (A.R.S. § 10-11622.A.6)	· · · · · · · · · · · · · · · · · · ·			
Only Nonprofit Corporations must answer this question.	This corporation DOES DOES NOT Shave 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?				
<ol> <li>Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theff 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?</li> <li>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:         <ul> <li>(a) fraud or registration provisions of the securities laws of that jurisdiction, or</li> <li>(b) the consumer fraud laws of that jurisdiction;</li> </ul> </li> </ol>				
	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.				
<ol> <li>Full name and prior names used.</li> <li>Full birth name.</li> <li>Present home address.</li> <li>Prior addresses (for Immediate preceding 7 year period).</li> </ol>	Date and location of birth.  Social Security Number  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.			
11. <u>STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION</u> (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				
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?				
[Underlined portion pertains to business corporations only]	One box must be marked: YES D NO			
<ul> <li>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.</li> <li>The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)</li> <li>The state in which each corporation was a) incorporated b) transacted business.</li> <li>The dates of corporate operation.</li> <li>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.</li> <li>Date, Case number and Court where the bankruptcy was filed or receiver appointed.</li> <li>Name and address of court appointed receiver.</li> </ul>				
12. SIGNATURES: Annual Reports must be signed and da	ated 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 William S. BARNITZ Date 21 MARO Name Date				
Signature Signature				
Title Transcretz (Signator(s) must be duly authorized corr	Title Porate officer(s) listed in section 7 of this report.)			