

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



**DUE ON OR BEFORE 06/13/2005** 

FY04-05

FILING FEE \$45.00

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.

1. -0720113-5 TOWN WEST REALTY II, INC. 2285 W INA RD #111 TUCSON, AZ 85741

RECEIVED

JUN 1 6 2005

Business Phone: 520-645-707 (Business phone is optional.)

State of Domicile: ARIZONA Type of Corporation: PROFIT

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

2. Statutory Agent: O'CONNELL AND BOUMAN PC

Physical Address, If Different.

Mailing Address: 3573 E SUNRISE DR #125

JPD.

Physical Address:

City, State, Zip: TUCSON, AZ 85718

City, State, Zip:

| ACC USE ONLY | Use this box only if appointing a new Statutory Agent                                                            |
|--------------|------------------------------------------------------------------------------------------------------------------|
| Fee s_4      | If appointing a <u>new</u> 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 |
| Reinstate \$ | do hereby consent to this appointment until my removal or resignation pursuant to law.                           |
| Expedite \$  | Signature of new Statutory Agent                                                                                 |
| Resubmit \$  |                                                                                                                  |
| 1022011      | Printed Name of new Statutory Agent                                                                              |

Secondary Address:

(Foreign Corporations are <u>**REQUIRED**</u> to complete this section).

4. 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                          | <ol><li>Benevolent</li></ol>                   |
| 3. Aerospace           | 22. News Media                      | <ol><li>Educational</li></ol>                  |
| 4. Agriculture         | 23. Pharmaceutical                  | 4 Civic                                        |
| 5. Architecture        | 24. Publishing/Printing             | 5 Political                                    |
| 6. Banking/Finance     | 25. Ranching/Livestock              | 6 Religious                                    |
| 7. Barbers/Cosmetology | 26. Real Estate                     | 7 Social                                       |
| 8. Construction        | 27. Restaurant/Bar                  | 8 Literary                                     |
| 9, Contractor          | 28. Retail Sales                    | 9 Cultural                                     |
| 10. Credit/Collection  | 29. Science/Research                | 10 Athletic                                    |
| 11. Education          | 30. Sports/Sporting Events          | <ol> <li>Science/Research</li> </ol>           |
| 12. Engineering        | 31. Technology(Computers)           | 12 Hospital/Health Care                        |
| 13. Entertainment      | 32. Technology(General)             | 13 Agricultural                                |
| 14. General Consulting | 33. Television/Radio                | <ol> <li>Animal Husbandry</li> </ol>           |
| 15, Health Care        | 34. Tourism/Convention Services     | <ol> <li>15 Homeowner's Association</li> </ol> |
| 16. Hotel/Motel        | 35. Transportation                  | <ol><li>16. Professional, commercial</li></ol> |
| 17. lmport/Export      | 36. Utilities                       | industrial or trade association                |
| 18. Insurance          | 37. Veterinary Medicine/Animal Care | 17 Other                                       |
| 10 Local Continue      | 39 Other                            |                                                |

| 5. CAPITALIZATION: (Business Corporations and Business Trus                                                                                  | ts are <b>REQUIRED</b> to complete this section.)              |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Business trusts must indicate the number of transferable certific the trust estate. Please Print or Type Clearly.                            | cates held by trustees evidencing their beneficial interest in |
| <b>5a.</b> Please examine the corporation's original Articles of Inc                                                                         | orporation for the amount of shares authorized.                |
| Number of Shares/Certificates Authorized Class                                                                                               | Series Within Class (if any)                                   |
| 100,000 Comm                                                                                                                                 | on No-par(value)                                               |
| <b>5b.</b> Review all corporation amendments to determine if the corporation's minutes for the number of <b>shares issued</b> .              | ne original number of shares has changed. Examine the          |
| Number of Shares/Certificates <b>Issued</b> Class                                                                                            | Series Within Class (if any)                                   |
|                                                                                                                                              | non No-par (value)                                             |
| 6. SHAREHOLDERS: (Business Corporations and Business True                                                                                    | usts are <b>REQUIRED</b> to complete this section.)            |
| List shareholders holding more than 20% of any class of share beneficial interest in the corporation. Please Type or Property Describe Trust | int Clearly.                                                   |
| NONE James G. Horoath and Mary M. Hor<br>Name:                                                                                               |                                                                |
| 7. OFFICERS Please Type or Print Clearly. You                                                                                                | ou Must List at Least One.                                     |
| Name: James G. Horvalt                                                                                                                       | Name: Royald A. Boros                                          |
| Title: President                                                                                                                             | Title: Vice fresident                                          |
| Address: 6960 N. Solaz Segundo<br>Tuison. AZ 85718                                                                                           | Address: 915 Clinton St. #303<br>Philadelphia PA 19107         |
|                                                                                                                                              |                                                                |
| Date taking office.                                                                                                                          | Date taking office: 10/01/1955                                 |
| Name: Catrick M. Washer                                                                                                                      | Name: Marrick WI, Wagner                                       |
| Title: <u>Jecretary</u>                                                                                                                      | Title: 1 reasurer                                              |
| Address: 13187 N. Woodburne Ave                                                                                                              | Address: 13187 No Woodburne Ave                                |
| Tucson, AZ 85737                                                                                                                             | Tucson, Az 85737                                               |
| Date taking office: 05 19 05                                                                                                                 | Date taking office: 04/16/01                                   |
| 8. DIRECTORS Please Type or Print Clearly. Y                                                                                                 |                                                                |
| Name: James G. Horvath                                                                                                                       | Name: Mary M. Horvath                                          |
| Address: 6960 N. Solaz Segundo                                                                                                               | Address: 6960 N. Solaz Segundo                                 |
| Tucson AZ 85718                                                                                                                              | Tuison AZ 85718                                                |
| Date taking office: 66/13/94                                                                                                                 | Date taking office: 06/13/94                                   |
| Name:                                                                                                                                        | Name:                                                          |
| Address:                                                                                                                                     | Address:                                                       |
| Date taking office:                                                                                                                          | Date taking office:                                            |

| Please Enter Corporation Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lownWest                                                                                                                                                                                                     | Realty                                                                                                            | II, Ihc.                                                                         | File numb                                                                                                 | er0720113-5                                                                       | Page 3                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------|
| 9. FINANCIAL DISCLOSURE (A Nonprofit corporations must attach forms of corporations are exempt from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | a financial statement (e.                                                                                                                                                                                    | g. incom e/ex                                                                                                     | pense statem <i>e</i> ni                                                         | t, balance sheet includ                                                                                   | ing assets, liabilities).                                                         | All other                                     |
| 9A. MEMBERS (A.R.S. § 10-11 Only Nonprofit Corporations must                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                              | This (                                                                                                            | corporation DC                                                                   | DES DOES                                                                                                  | NOT 🗖 have men                                                                    | nbers.                                        |
| 10. CERTIFICATE OF DISCLOS Has ANY person serving either by elethan 10% of the issued and outstand been: [Underlined portion pertains                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ction or appointment as<br>ling common shares or                                                                                                                                                             | an officer, di<br>10% of any c                                                                                    | rector, trustee, ir                                                              |                                                                                                           |                                                                                   |                                               |
| <ol> <li>Convicted of a felony involving year period immediately preceded.</li> <li>Convicted of a felony, the esset or monopoly in any state or felony.</li> <li>Or are subject to an injunction immediately preceding execution (a) fraud or registration proceded (b) the consumer fraud late (c) the antitrust or restrain</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | a transaction in securiting the execution of the ential elements of which deral jurisdiction within a judgment, decree or pon of this certificate who evisions of the securities we of that jurisdiction, or | ies, consume<br>is certificate<br>consisted of<br>the seven ye<br>ermanent or<br>ere such injur<br>es laws of tha | ?<br>fraud, misrepres<br>ar period immed<br>der of any state<br>nction, judgment | sentation, theft by false<br>diately preceding exec<br>or federal court entered<br>to decree or permanent | e pretenses or restraint<br>cution of this certificate<br>ed within the seven yea | t of trade<br>e?<br>ar period                 |
| (c) the antitrust of restrain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | it of frace laws of that je                                                                                                                                                                                  | ansaiction:                                                                                                       | One hov                                                                          | must be marked:                                                                                           | YES TO NO                                                                         | KC#                                           |
| If "YES", the following informa of the actions stated in Items 1. t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                              | ted as an a                                                                                                       |                                                                                  |                                                                                                           |                                                                                   |                                               |
| <ol> <li>Full name and prior names</li> <li>Full birth name.</li> <li>Present home address.</li> <li>Prior addresses (for immed preceding 7 year period).</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | used.                                                                                                                                                                                                        | 6. S<br>7. T                                                                                                      | he date and loca                                                                 | Number<br>Jescription of each con                                                                         | viction or judicial actio<br>plic agency involved, a                              |                                               |
| 11. <u>STATEMENT OF BANKRUF</u><br>1623 & 10-11623)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TCY, RECEIVERSH                                                                                                                                                                                              | IP or CHAF                                                                                                        | RTER REVOCA                                                                      | ATION (A.R.S. §§10                                                                                        | D-202.D.2, 10-3202.l                                                              | D.2, 10-                                      |
| A) Has the corporation filed a petition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | n for bankruptcy or app                                                                                                                                                                                      | ointed a rece                                                                                                     | iver? One bo                                                                     | x must be marked:                                                                                         | YES I NO                                                                          | ₹                                             |
| B) Has any person serving as an offi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | cer, director, trustee or                                                                                                                                                                                    | incorporator                                                                                                      | of the corporation                                                               | on served in any such                                                                                     | _<br>capacity OR <u>held or co</u>                                                | ontrolled                                     |
| over 20% of the issued and outstar<br>corporation which has been placed in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                              |                                                                                                                   |                                                                                  |                                                                                                           | 44 4 11 11                                                                        |                                               |
| or jurisdiction?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                              | •                                                                                                                 |                                                                                  |                                                                                                           | · ·                                                                               |                                               |
| [Underlined portion pertains to bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | siness corporations o                                                                                                                                                                                        | onfy]                                                                                                             | One bo                                                                           | x must be marked:                                                                                         | YES D NO                                                                          | <u>*                                     </u> |
| If "YES" to A and/or B, the follogistatement above.  The names and address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                              |                                                                                                                   | — <del>—</del>                                                                   | •                                                                                                         | •                                                                                 |                                               |
| stockholder) 2. The state in which each components of corporate op 4. If any involved person (list address of each corporation of the corporation | eration.<br>sted in #1) has been inv<br>on.<br>Court where the bankrup                                                                                                                                       | olved in any                                                                                                      | other bankrupt                                                                   | cy proceeding within                                                                                      | the past year, the nam                                                            | ne and                                        |
| 12. SIGNATURES: Annual Rep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | orts must be signed a                                                                                                                                                                                        | nd dated by                                                                                                       | at least one d                                                                   | uly authorized office                                                                                     | er or they will be reject                                                         | cted.                                         |
| I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filled 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 Kohald A-Bor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | $\gamma$                                                                                                                                                                                                     |                                                                                                                   |                                                                                  |                                                                                                           | Date                                                                              | -                                             |
| Signature Signature Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                              |                                                                                                                   |                                                                                  |                                                                                                           |                                                                                   |                                               |
| Title VICE - Presider (Signatoris)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ा<br>ust be duly authorize                                                                                                                                                                                   | Title                                                                                                             | officer(s) liste                                                                 | d in section 7 of this                                                                                    | report.)                                                                          |                                               |
| (=:3:::::(*) ::                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                              |                                                                                                                   | (-) ··                                                                           |                                                                                                           | r /                                                                               |                                               |

## Annual Report Instruction Sheet - READ ME! PLEASE FOLLOW THESE DIRECTIONS!

This is the instruction sheet for the annual reporting process for all corporations doing business in Arizona. Every corporation must submit an annual report once a year. This annual report must be correctly filled out and submitted by the assigned due date or the corporation may be administratively dissolved or have its authority revoked by the State of Arizona. This is the only notice you will receive. According to A.R.S. §10-1622.F, penalties accrue on business corporation annual reports which are submitted late (after the due date). Corporations must use the annual report form prescribed by the Corporation Commission. **No other format is allowed.** 

Please verify the business address and statutory agent and agent address information on page one. Strike out incorrect information. Correct information should be legibly written above or to the side of struck, incorrect information. Complete the remainder of the form - use the corporation's original articles of incorporation, amendment documents and corporate minutes as guides for the stock questions. IMPORTANT: The entirety of this document is public record, including addresses cited.\*Use black or blue ink.

|     | lue ink.                                                                                                                                                                        |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | Section 1. All corporations must state their name, address, zip code, domicile state, and type (e.g., nonprofit, business, sole                                                 |
|     | professional, business trust). Please list a business phone number.                                                                                                             |
|     | Section 2. All corporations must state the name and address of the current Statutory Agent for the corporation. Correct                                                         |
|     | information about the Statutory Agent is vital to the legitimate authority and status of the corporation. The statutory agent                                                   |
|     | must provide both a physical and mailing address. If statutory agent has a P.O. Box, then they must provide a physical                                                          |
|     | description of their street address/location. New Statutory Agents must consent to their appointment by signing the                                                             |
|     | appropriate line. A corporation must amend their records at the Commission anytime the Statutory Agent is changed or                                                            |
|     | whenever the Agent's designated mailing address changes. Do not sign in the space provided, unless you are appointing                                                           |
|     | a <b>new</b> agent.                                                                                                                                                             |
|     | Section 3. Foreign (out-of-state/country) corporations must state their known place of business in this state and in the                                                        |
|     | jurisdiction in which they are incorporated. List the primary address in Section 1, and the secondary address in Section 3                                                      |
|     | Section 4. All corporations must check the category that best describes the character of their corporation in the applicable                                                    |
|     | business or nonprofit corporation area.                                                                                                                                         |
|     | Section 5. All business corporations must indicate the number of shares which they have authorized and issued, the class                                                        |
|     | and series. All business trusts must indicate the number of transferable certificates held by trustees.                                                                         |
|     | Section 6. All business corporations must indicate the list of applicable shareholders.                                                                                         |
|     | Section 7. Please list all principal officers. All corporations must have at least one duly authorized officer, with address.                                                   |
|     | Section 8. Please list all directors. All corporations must have at least one director per A.R.S. §§10-803.A & 10-3803.A                                                        |
|     | Section 9. All Nonprofit corporations must file a financial disclosure statement. Nonprofit corporations meet their                                                             |
|     | obligation by attaching one of the following documents: 1) Their most recent copy of Page 2, Form 99 filed with the Arizona                                                     |
|     | Department of Revenue; OR 2) A copy of the corporation's Charitable Organization Financial Statement as filed with the                                                          |
|     | Arizona Secretary of State pursuant to A.R.S. §44-6552; OR 3) A copy of the corporation's Treasurer's Report/Financia                                                           |
|     | Statement prepared for the current fiscal year; OR 4) A copy of the financial statement prepared for the corporation's                                                          |
|     | members; OR 5) A statement that the corporation conducted no business in Arizona in the past year. All other types of                                                           |
|     | corporations are exempt from filing a financial disclosure. All Nonprofit Corporations must also indicate whether or no                                                         |
| _   | the corporation has members.                                                                                                                                                    |
|     | Section 10. All corporations must check either YES or NO in the Certificate of Disclosure. Those who check the "YES" box                                                        |
| _   | must supply the attachment required as explained in section 10.                                                                                                                 |
|     | Section 11. All corporations must check either YES or NO in the Statement of Bankruptcy, Receivership or Charter                                                                |
|     | Revocation (both A and B). Those who check the "YES" box must supply the attachment required as explained in section                                                            |
| _   | 11.                                                                                                                                                                             |
| Ų   | Section 12. All corporations must read the declarations in this section. If they have complied, and if they have completed                                                      |
|     | the Annual Report, then the applicable officer(s) listed in section 7 must acknowledge by signing and dating the report.                                                        |
| _   | The signer(s) shall be at least one duly authorized officer.  Sign, Date & Mail the Check and Annual Report. Business corporations must send \$45, Nonprofit corporations \$10. |
| U   | Credit cards are <b>not</b> accepted. Business/profit corporations are subject to penalties if their report is submitted after its                                              |
|     | assigned due date. Contact the Annual Report section at 602-542-3285 (Phoenix) or 520-628-6560 (Tucson) or by FAX                                                               |
|     |                                                                                                                                                                                 |
|     | at 602-542-0082 for the penalty amount due.                                                                                                                                     |
|     |                                                                                                                                                                                 |
| - 1 | MAKE CHECK PAYABLE TO: ARIZONA CORPORATION COMMISSION                                                                                                                           |

Seek professional advice from your accountant, attorney, or other knowledgeable source if you need help with any section. The Commission's web site (www.cc.state.az.us) has more general information about annual reports and reporting requirements. The Annual Reports Section of the Corporations Division cannot give legal or tax advice, but you may call them with your other questions regarding this form at (602) 542-3285.

AR:0046

1300 West Washington

Phoenix, AZ 85007-2929

c/o Annual Reports - Corporations Division

or

400 West Congress Tucson, AZ 85701-1347

Rev. 01/2005

MAIL OR DELIVER TO: