



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

AZ Corp. Commission



01963111

DUE ON OR BEFORE 04/14/2007

FY06-07

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

APR 09 2007

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

1. -0715984-4  
SONORA ENVIRONMENTAL RESEARCH INSTITUTE, INC.  
PO BOX 65782  
TUCSON, AZ 85728-5782

Business Phone: 520-321-9488 (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: ANN MARIE A WOLF Physical Address, If Different.  
Mailing Address: 5631 N VIA SALEROSA Physical Address:  
City, State, Zip: TUCSON, AZ 85750 City, State, Zip:

ACC USE ONLY

Fee \$ \_\_\_\_\_  
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:

(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 checked="" type="checkbox"/> 1. Charitable  |
| <input type="checkbox"/> 2. Benevolent   |
| <input type="checkbox"/> 3. Educational  |
| <input type="checkbox"/> 4. Civic  |
| <input type="checkbox"/> 5. Political  |
| <input type="checkbox"/> 6. Religious  |
| <input type="checkbox"/> 7. Social   |
| <input type="checkbox"/> 8. Literary   |
| <input type="checkbox"/> 9. Cultural   |
| <input type="checkbox"/> 10. Athletic  |
| <input type="checkbox"/> 11. Science/Research  |
| <input type="checkbox"/> 12. Hospital/Health Care  |
| <input type="checkbox"/> 13. Agricultural  |
| <input type="checkbox"/> 14. Animal Husbandry  |
| <input type="checkbox"/> 15. Homeowner's Association                                     |
| <input type="checkbox"/> 16. Professional, commercial<br>industrial or trade association |
| <input type="checkbox"/> 17. Other _____   |

**5. CAPITALIZATION:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. **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 <b>Authorized</b>	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 <b>Issued</b>	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.**

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

NONE ☐

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

**7. OFFICERS** Please Type or Print Clearly. You Must List at Least One.

Name: Ann Marie Wolf

Title: President

Address: 5631 N Via Salerosa

Tucson, AZ 85750

Date taking office: 4/1/97

Name: Joaquin Ruiz

Title: Vice President

Address: 1021 Via Linterna

Tucson, AZ 85718

Date taking office: 4/1/97

Name: Anna H. Spitz

Title: Secretary / Treasurer

Address: 7601 N. Ventana Vista Ct.

Tucson, AZ 85750

Date taking office: 4/1/97

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

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

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

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

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

Name: Ann Marie Wolf

Address: 5631 N Via Salerosa

Tucson, AZ 85750

Date taking office: 4/1/97

Name: Joaquin Ruiz

Address: 1021 Via Linterna

Tucson, AZ 85718

Date taking office: 4/1/97

Name: Anna H. Spitz

Address: Secretary / Treasurer

7601 N. Ventana Vista Ct.

Date taking office: 4/1/97

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

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

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

## Balance Sheet

As of 12/31/06

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Accounts	12/31/06 Balance
<b>Assets</b>	
Cash and Bank Accounts	
Anna	0.00
BankofTucson	0.00
Checking	-94.56
Dave	0.00
Petty Cash	52.47
Petty Cash - Rose	60.44
Total Cash and Bank Accounts	18.35
Other Assets	
Capital Equipment	223.40
Inventory	0.00
Receivables	5,019.98
Total Other Assets	5,243.38
<b>Total Assets</b>	<b>5,261.73</b>
<b>Liabilities &amp; Equity</b>	
Liabilities	
Other Liabilities	
Ann Marie	3,479.13
FICA	738.78
FTW	542.00
MEDICARE	175.09
Sales Tax	0.00
STW	103.49
Use Tax	0.00
Total Other Liabilities	5,038.49
Credit Cards	
Credit Card	2,865.88
Total Credit Cards	2,865.88
Total Liabilities	7,904.37
Equity	-2,642.64
<b>Total Liabilities &amp; Equity</b>	<b>5,261.73</b>

*Ann Marie D. W.*  
4/6/07

## Income Statement

1/1/06 through 12/31/06

Category	1/1/06- 12/31/06
<b>Income/Expenses</b>	
Income	
Donations	11,719.35
Grants	41,650.30
Workstudy	3,289.50
Total Income	56,659.15
Expenses	
Bank Charges	50.00
Benefits:	
Education	58.98
Health	199.00
Total Benefits	257.98
Conference:	
Registration	180.00
Sponsor	250.00
Total Conference	430.00
Copying-Faxxing	588.63
Equipment:	
Depreciation	231.81
Repair	65.00
Total Equipment	296.81
Fee	10.00
FinanceCharge	415.93
Food:	
Training	25.23
Total Food	25.23
Government Fee	10.00
Insurance	750.00
Internet	310.79
Legal Fee	2,542.40
Loan	0.00
Meeting	322.04
Membership	95.00
Payroll:	
FICA	1,809.68
Gross:	
Overtime	57.00
Gross - Other	28,696.50
Total Gross	28,753.50
Medicare	425.65
Total Payroll	30,988.83
Postage	504.36
Printing	1,776.91
ProServices:	
Analysis	665.00
ProServices - Other	4,669.11

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## Income Statement

1/1/06 through 12/31/06

Category	1/1/06- 12/31/06
Total ProServices	5,334.11
Rent:	
Office	4,135.00
P.O. Box	40.00
Total Rent	4,175.00
Stipend	1,405.00
Supplies:	
Books	129.00
Laboratory	297.03
Office	3,758.63
Training	1,280.78
Total Supplies	5,465.44
Telephone:	
cell	1,160.41
Telephone - Other	2,222.90
Total Telephone	3,383.31
Travel:	
Lodging	539.89
Meals	127.57
Mileage	306.75
Transportation	1,210.50
Total Travel	2,184.71
Tshirts	80.38
Expenses - Other	0.00
Total Expenses	61,402.86
Total Income/Expenses	-4,743.71

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*Donna R. Wang*

4/6/07

Institute, Inc.**9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)**Nonprofit corporations **must attach** a financial statement (e.g. income/expence 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;                                   |
| 4. Prior addresses (for immediate preceding 7 year period). | the date and location; the court and public agency involved, and the file or cause number of the case. |

**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?

[Underlined portion pertains to business corporations only]One box **must** be marked:YES ☐ NO ☒If "YES" to A and/or B, the following information **must be submitted** as an attachment to this report for each person subject to the statement above.

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

**12. SIGNATURES:** Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Ann Marie Wolf Date 4/6/07 Name \_\_\_\_\_ Date \_\_\_\_\_Signature  Signature \_\_\_\_\_Title President Title \_\_\_\_\_

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