

2.

3.

__ 12. Engineering

__ 15. Health Care

__ 16. Hotel/Motel ___ 17. Import/Export

_ 18. Insurance

__ 19. Legal Services

__ 13. Entertainment

___ 14. General Consulting

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

DUE ON OR BEFORE 11/25/2007

FY07-08

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 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. -0790538-6 HAN CORPORATION 360 W FOREST MEADOW FLAGSTAFF, AZ 86001

RECEIVED

OCT 2 2 2007

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

11. _ Science/Research

14. __ Animal Husbandry

13. __ Agricultural

17. __ Other_

Hospital/Health Care

16. __ Professional, commercial

Homeowner's Association

industrial or trade association

Business Phone:	/Business	phone is optional.)
State of Domicile:	(= 33.11.00	proration: BUSINESS
Statutory Agent: FA: Mailing Address: 350 City, State, Zip: FL:	YEG NICOLA FAKHOURY) W FOREST MEADOW	Physical Address, If Different. Physical Address: City, State, Zip:
ACC USE ONLY Fee \$		ly if appointing a new Statutory Agent utory agent, the new agent MUST consent to that below.
Penalty \$	I, (individual) or We, (corporation do hereby consent to this appoin	or limited liability company) having been designated the new Statutory Agent tment until my removal or resignation pursuant to law.
Expedite \$	Signature of	new Statutory Agent
	Printed Nan	ne of new Statutory Agent
(Foreign Corporation REQUIRED to com this section).		
Check the one category BUSINESS COR 1. Accounting 2. Advertising 3. Aerospace 4. Agriculture 5. Architecture 6. Banking/Finance 7. Barbers/Cosmetology 8. Construction 9. Contractor 10. Credit/Collection 11. Education		e CHARACTER OF BUSINESS of your corporation. NON-PROFIT CORPORATIONS 1. Charitable 2. Benevolent 3. Educational 4. Civic 5. Political 6. Religious 7. Social 8. Literary 9. Cultural 10. Athletic 11. Science/Research

31. Technology(Computers)

__ 34. Tourism/Convention Services

__ 37. Veterinary Medicine/Animal Care

__ 32. Technology(General)

__ 33. Television/Radio

__ 35. Transportation

___36. Utilities

__ 38. Other __

Date taking office:

5. CAPITALIZATION: (Business Corporations and Business	Trusts are REQUIRED to complete this section.)
Business trusts must indicate the number of transferable conthe trust estate. Please Print or Type Clearl	ertificates held by trustees evidencing their beneficial interest in
5a. Please examine the corporation's original Articles of	f Incorporation for the amount of shares authorized.
Number of Shares/Certificates Authorized Cla	ass Series Within Class (if any)
30,000. Cox	nmor
5b. Review all corporation amendments to determine corporation's minutes for the number of shares iss	if the original number of shares has changed. Examine the ued .
Number of Shares/Certificates Issued Cla	Series Within Class (if any)
12,000. COM	Mon
6. SHAREHOLDERS: (Business Corporations and Busines	s 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:Chung F. HAV
NONE	Marie Mary - 778.V
Name:	Name:
7. OFFICERS Please Type or Print Clearly.	You Must List at Least One.
Name: Chung F. HAN	Name: JAN MIN HSUSN
Title: V. President	Title: Sacracting
Address: 645 Battery St.	
5.F. CA. 94111	
Date taking office: 11/01/99	Date taking office: (1/o1/gg
Name:	(/
Title:	Title:
Address:	Address:
Date taking office:	Date taking office:
8. DIRECTORS Please Type or Print Clearly	. You Must List at Least One.
Name: Jaw Min Hsuaw	Name:
Address: 15 Webogay DA.	Address:
TRVin. CA-92620	
Date taking office: 11/01/49	Date taking office:
Name:	Name:
Address:	Address:

Date taking office:

Please Enter Corporation Name:	HANC	onponed	File numb	er <u>079053f-</u> 6Page 3	
9. FINANCIAL DISCLOSURE (A.R.S. § Nonprofit corporations <u>must attach</u> a financial forms of corporations are exempt from filing	ıl statement (e.g. ind		statement, balance sheet includ	ing assets, liabilities). All other	
9A. MEMBERS (A.R.S. § 10-11622.A.6) Only Nonprofit Corporations must answer the		This corpora	ation DOES DOES	NOT Mave members.	
10. CERTIFICATE OF DISCLOSURE (A Has ANY person serving either by election or a than 10% of the issued and outstanding combeen: [Underlined portion pertains to busing the company of the image]	ppointment as an o	officer, director, to of any other pro	trustee, incorporator and/or pe	son controlling or holding more ship interest in the corporation	
 Convicted of a felony involving a transary year period immediately preceding the Convicted of a felony, the essential elent or monopoly in any state or federal juries Or are subject to an injunction, judgme immediately preceding execution of this (a) fraud or registration provisions (b) the consumer fraud laws of that (c) the antitrust or restraint of trade 	execution of this center of which consistions within the solid the securities law to jurisdiction, or	ertificate? sisted of fraud, n seven year perio anent order of a uch injunction, ji ws of that jurisd	nisrepresentation, theft by falso od immediately preceding exec ny state or federal court enter udgment, decree or permanen iction, or	e pretenses or restraint of trade cution of this certificate? ed within the seven year period corder involved the violation of:	
If "YES", the following information mu	st be submitted		ne box <u>must</u> be marked: ent to this report for each pe	YES NO Ø	
of the actions stated in Items 1. through 3	3. above.				
 Full name and prior names used. Full birth name. Present home address. Prior addresses (for immediate preceding 7 year period). 	5. 6. 7.	. Social S . The natu the date	d location of birth. lecurity Number are and description of each con and location; the court and pul or cause number of the case.		
11. <u>STATEMENT OF BANKRUPTCY, RI</u> 1623 & 10-11623)	ECEIVERSHIP of	r CHARTER F	REVOCATION (A.R.S. §§16)-202.D.2, 10-3202.D.2, 10-	
A) Has the corporation filed a petition for bank	kruptcy or appointe	ed a receiver?	One box <u>must</u> be marked:	YES D NO D	
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 of	orporations only]		One box <u>must</u> be marked:	YES 🗇 NO 🗹	
If "YES" to A and/or B, the following information statement above. 1. The names and addresses of each stockholder) 2. The state in which each corporation. 3. The dates of corporate operation. 4. If any involved person (listed in #1 address of each corporation. 5. Date, Case number and Court wheeled. 6. Name and address of court appoint	ch corporation and n was a) incorporat) has been involved re the bankruptcy w	I the person or ted b) transacted d in any other t	persons involved. (e.g. officed business.	r, director, trustee or major	
12. SIGNATURES: Annual Reports mus	st be signed and d	lated by at leas	st one duly authorized office	r 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 JAN-min HSUAN					
Signature AMSM		_ Signature			
Title (Signator(s) must be d	enated	Title	(s) listed in section 7 of this	report \	

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.

guides for the stock questions. IMPORTANT: The entirety of this document is public record, including addresses cited.*Use black
or blue 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 new 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. <u>All corporations</u> 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 <u>attaching</u> 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/Financial
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 not
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.
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. Credit cards are not accepted. Business/profit corporations are subject to penalties if their report is submitted after its
orean cards are not accepted. Internetion corporations are subject to behalies it then report is submitted site its

MAKE CHECK PAYABLE TO: MAIL OR DELIVER TO:

at 602-542-0082 for the penalty amount due.

ARIZONA CORPORATION COMMISSION c/o Annual Reports - Corporations Division 1300 West Washington Phoenix, AZ 85007-2929

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

assigned due date. Contact the Annual Report section at 602-542-3285 (Phoenix) or 520-628-6560 (Tucson) or by FAX

Rev. 05/2005