



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

AZ Corp. Commission



02679456

**DUE ON OR BEFORE 11/19/2008**

**FY08-09**

**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. -1009207-1  
OPTOLUM, INC.  
1515 W UNIVERSITY DR #102  
TEMPE, AZ 85281

**RECEIVED**

**RECEIVED**

**FEB 04 2009**

**DEC 17 2008**

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

**Business Phone:** \_\_\_\_\_ (Business phone is optional.)

**State of Domicile:** ARIZONA

**Type of Corporation:** BUSINESS

2. **Statutory Agent:** KAREN L BAKER  
**Mailing Address:** 4238 E WELDON AVE  
**City, State, Zip:** PHOENIX, AZ 85018

**Physical Address, If Different.**

**Physical Address:**  
**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 checked="" 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 checked="" type="checkbox"/> 32. Technology(General)  |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services     |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                  |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                       |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services     | <input type="checkbox"/> 38. Other _____                     |

**NON-PROFIT CORPORATIONS**

- |  |
|--|
| <input type="checkbox"/> 1. Charitable   |
| <input type="checkbox"/> 2. Benevolent   |
| <input type="checkbox"/> 3. Educational  |
| <input 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 **Authorized**

Class

Series Within Class (if any)

10,000,000

Common

**5b.** Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

Number of Shares/Certificates **Issued**

Class

Series Within Class (if any)

613720

Common

**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: KAREN L. BAKER

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

**NONE** ☐

Name: JOEL M. DRY

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

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

Name: JOEL DRY

Name: KAREN L. BAKER

Title: PRESIDENT

Title: SEC/TREAS.

Address: 1515 W. University Dr 102  
TEMPE, AZ 85281

Address: 1515 W. University 102  
TEMPE, AZ 85281

Date taking office: 11-19-01

Date taking office: 11-19-01

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

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: JOEL DRY

Name: KAREN L. BAKER

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

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

Date taking office: 11-19-01

Date taking office: 11-19-01

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

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

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

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

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

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



**COMMISSIONERS**  
KRISTIN K. MAYES - Chairman  
GARY PIERCE  
PAUL NEWMAN  
SANDRA D. KENNEDY  
BOB STUMP



BRIAN C. McNEIL  
Executive Director

LINDA FISHER  
Director, Corporations Division

**ARIZONA CORPORATION COMMISSION**

CORPORATIONS DIVISION  
1300 West Washington  
Phoenix, Arizona 85007-2929

OPTOLUM, INC.  
1515 W UNIVERSITY DR #102

TEMPE, AZ 85281

Effective Date: 01/09/2009  
File No: -1009207-1

Original Due Date: November 19, 2008 Received: 12/17/08

We have deposited your check, however your annual report is being returned for the following reason(s):

- > The Certificate of Disclosure on page 3 has not been completed. Please respond **YES** or **NO** to Section 10 on page 3 of the annual report form. If **YES**, please answer all questions listed in that section and attach to the annual report.

**IMPORTANT INFORMATION**

Please note: This annual report has not been approved, it is being returned to you for corrections which are listed above. If you wish to avoid additional penalties and possible administrative dissolution, this report must be returned within 30 days after the effective date of this notice to be deemed timely filed. Refer to A.R.S. 10-1622.F for more information.

To successfully process your document, it is important for you to return:

- 1) A copy of this letter.
- 2) All annual report(s) which accompanied this letter (with corrections made).
- 3) Filing fee, penalties, or reinstatement fee, if due.
- 4) Additional forms if required.

AR: 0021  
REV. 12/2008



**FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)**

profit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other  
is of corporations are exempt from filing a financial disclosure.

**MEMBERS (A.R.S. § 10-11622.A.6)**

only Nonprofit Corporations must answer this question.

This corporation **DOES** ☐ **DOES NOT** ☒ have members.

**CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)**

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  
in: [Underlined portion pertains to business corporations only]

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?

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?

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 ☒

"YES", the following information must be submitted as an attachment to this report for each person subject to one or more  
the actions stated in Items 1. through 3. above.

- 1. Full name and prior names used.
- 2. Full birth name.
- 3. Present home address.
- 4. Prior addresses (for immediate preceding 7 year period).
- 5. Date and location of birth.
- 6. Social Security Number.
- 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case.

**1. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-623 & 10-11623)**

a) Has the corporation filed a petition for bankruptcy or appointed a receiver?

One box must be marked:

YES ☐ NO ☒

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

One box must be marked:

YES ☐ NO ☒

Underlined portion pertains to business corporations only

If "YES" to A and/or B, the following information must be submitted as an attachment to this report for each person subject to the  
statement above.

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

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

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

Name KAREN L. BAKER Date 12/16/01 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature [Signature] Signature \_\_\_\_\_

Title EVP CPO Title \_\_\_\_\_

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

