

## WEB FORM COPY

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





LIF ON OR	BEFORE	07/24/2009
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**FILING FEE** \$45.00

PLEASE READ ALL INSTRUCTIONS. 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.

-0520161-1

HILL TOP-ARGUS RESEARCH INC 1

MECEIVED

7042 E BROADWAY TUCSON. AZ 85710	JUL 0 1 2009
	ATUZANA BATTE COMMISSION
Business Phone:	(Business phone is optional.)
State of Domicile: ARIZONA	Type of Corporation: PROFIT
Statutory Agent: C T CORPORATION SYSTE Mailing Address: 2394 E CAMELBACK RD City, State, Zip: PHOENIX, AZ 85016	EM Statutory Agent's Street or Physical Address, If Different. Physical Address: City, State, Zip:
	w statutory agent, the new agent MUST consent to that igning below. Note that the agent address must be in Arizona.
	poration or limited liability company) having been designated the new Statutory Agent, appointment until my removal or resignation pursuant to law.
Expedite \$Sign	ature of <i>new</i> Statutory Agent
Resubmit\$Print	ted Name of new Statutory Agent
to complete this section).	ton WJ 08540
Check the one category below which best describ  BUSINESS CORPORATIONS  1. Accounting	Des the 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 12. Hospital/Health Care

15. Health Care

16. Hotel/Motel

18. Insurance

📇 17. Import/Export

19. Legal Services

34. Tourism/Convention Services

= 37. Veterinary Medicine/Animal Care

35. Transportation

= 36. Utilities

28. Other

18. 🚟 Other\_

15. 🧮 Animal Husbandry

16. Homeowner's Association 17. Professional, commercial

industrial or trade association

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3. CAPITALIZATION.	sts are REQUIRED to complete this section.)
Business trusts must indicate the number of transferable certific estate. PLEASE PRINT OR TYPE CLEARLY.	ates held by trustees evidencing their beneficial interest in the trust
5a. Please examine the corporation's original Articles of Incorp	oration for the amount of shares authorized.
Number of Shares/Certificates Authorized Clar	ss Series Within Class (if any)
1000000	COMMON
	ginal number of shares has changed. Examine the corporation's
minutes for the number of <b>shares issued</b> .  Number of Shares/Certificates <b>issued</b>	ss Series Within Class (if any)
	COMMON
6. SHAREHOLDERS: (For-profit Corporations and Business Trus	ts are REQUIRED to complete this section.)
List shareholders holding more than 20% of any class of share	s issued by the corporation, or having more than a 20% beneficial
interest in the corporation.	Nama
NONE COVANCE CRU INC	Name:
Name:	Name:
7. OFFICERS PLEASE TYPE OR PRINT CLEARLY.	
Name: FREDERICK W WOJTOWICZ	Name: MICHAEL LEHMANN
Title: OTHER OFFICER VICE PresidenT	Title: PRESIDENT
Address: 210 CARNEGIE CENTER	Address: 210 CARNEGIE CENTER
PRINCETON, NJ 08540	PRINCETON, NJ 08540
Date taking office: 5/26/2006	Date taking office: 5/26/2006
Name: JAMES W LOVETT	Name: WILLIAM E KLITGAARD
Title: SECRETARY	Title: TREASURER
Address: 210 CARNEGIE CENTER	Address: 210 CARNEGIE CENTER
PRINCETON, NJ 08540	PRINCETON, NJ 08540
Date taking office: 5/26/2006	Date taking office: 5/26/2006
8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY	=
Name: JAMES W LOVETT	Name: MARY L WESTRICK
Address: 210 CARNEGIE CENTER	Address: 210 CARNEGIE CENTER
PRINCETON, NJ 08540	PRINCETON, NJ 08540
Date taking office: 5/26/2006	Date taking office: 5/26/2006
Name: JOSEPH L HERRING	Name: WILLIAM E KLITGAARD
Address: 210 CARNEGIE CENTER	Address: 210 CARNEGIE CENTER
PRINCETON, NJ 08540	PRINCETON, NJ 08540
Date taking office: 5/26/2006	Date taking office: 5/26/2006

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Please Enter Corporation Name: HILL TOP-ARGUS RESEA	RCH, INC.	_File number	-0520161-1	_ Page 3
9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9)) Nonprofits – if your annual report is due on or before September 25, 200 balance sheet including assets, liabilities). If your nonprofit annual report Cooperative marketing associations must in all cases submit a finant financial statement no matter what date the annual report was due.	8, you <u>must attach</u> a financ t is due after September 25	i, 2008, a financi	al statement is no	t required.
ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUEST  9A. MEMBERS (A.R.S. §10-11622(A)(6))  This	ion: corporation DOES	DOES NO	OT □ have m	embers.
CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D)  A. Has any person who is currently an officer, director, trustee, incorporation of the issued and outstanding common shares or 10% of any been:	o), 10-1622(A)(8) & 10-116 prator, or who, in a For-prof	22(A)(7)) it corporation, co	entrols or holds m	ore than
<ol> <li>Convicted of a felony involving a transaction in securities, consumer period immediately preceding the execution of this certificate?</li> <li>Convicted of a felony, the essential elements of which consisted of monopoly in any state or federal jurisdiction within the seven year preceding execution, judgment, decree or permanent order of a preceding execution of this certificate where such injunction, judgment (a) fraud or registration provisions of the securities laws of that (b) the consumer fraud laws of that jurisdiction, or</li> <li>(c) the antitrust or restraint of trade laws of that jurisdiction?</li> </ol>	fraud, misrepresentation, tr period immediately precedir ny state or federal court ente nent, decree or permanent t jurisdiction, or	neft by false prete ig execution of the ered within the se order involved th	enses or restraint ils certificate? ven year period in e violation of:	of trade or nmediately
	One box must			
<ul> <li>If "YES" to A, the following information must be submitted as actions stated in Items 1 through 3 above.</li> <li>1. Full birth name.</li> <li>2. Full present name and prior names used.</li> <li>3. Present home address.</li> <li>4. All prior addresses for immediately preceding 7 year period.</li> </ul>	<ul><li>5. Date and loca</li><li>6. The nature ar</li><li>action; the date</li></ul>	tion of birth. nd description of te and location; t	subject to one or r each conviction he court and pub number of the car	or judicial blic agency
B. Has any person who is currently an officer, director, trustee, incorporate in any such capacity or held a 20% interest in any other corporation in any such capacity or held a 20% interest in any other corporation if "YES" to B, the following information must be submitted a statement above.  (a) Name and address of each corporation and the persons in (b) State(s) in which it: (i) was incorporated and (ii) transact (c) Dates of corporate operation.	oroprietary, beneficial or menor the bankruptcy or rece One box must an attachment to this repetitions.	mbership interes eivership of that o <b>be marked:</b>	t in the corporation ther corporation?  YES □ N	on, served
	10 1623 & 10-11623\			
<ul> <li>A. Has the <u>corporation</u> filed a petition for bankruptcy or appointed a self "Yes" to A, the following information <u>must be submitted</u> as</li> <li>1. All officers, directors, trustees and major stockholders of the appointment of a receiver. If a major stockholder is a corporate board of directors and major stockholders of such corporate controlling twenty per cent of the issued and outstanding sha interest in the corporation.</li> </ul>	receiver? One box must an attachment to this report corporation within one year tion, the statement shall list stockholder. "Major stockhores or twenty per cent of ar	of filing the petiti the current presi older" means a s ny proprietary, be	dent, chairman o hareholder posse neficial or membe	y or the of the essing or ership
<ol> <li>Whether any such person has been an officer, director, trust bankruptcy or receivership of the other corporation. If so, for         <ul> <li>(a) Name and address of each corporation;</li> <li>(b) States in which it: (i) was incorporated and</li> <li>(c) Dates of operation.</li> </ul> </li> </ol>			ation within one y	ear of the
	hy at least one duly auth	orized officer o	r they will he re	iected
I declare, under penalty of perjury, that all corporate income tax retufiled with the Arizona Department of Revenue. I further declare und certificate, including any attachments, and to the best of my (our)	irns required by Title 43 o der penalty of perjury that knowledge and belief the	f the Arizona Re : I (we) have exa y are true, corre	evised Statutes be mined this repo	have been ort and the
Nametraderick W. Wojtowicz Date 199 Name	me		Date	
Signature Frederick Wayten Sig	nature			
Title Vice Prosident of Tax Title (Signator(s) must be duly authorized corpora	e			
(Signator(s) must be duly authorized corpora	te officer(s) listed in sect	ion 7 of this rep	ort.)	

Arizona Corporation Commission Corporations Division

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