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WEB FORM COPY

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



× 1916

DUE ON OR BEFORE 07/29/2011

FILING FEE	\$45.00
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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.

THE ASHTON COMPANY, INC., CONTRACTORS AND ENGINEERS 1. PO BOX 26927

HECEWED

1111 2 5 2011

TUCSON, AZ 85726			JUL ~
10000N, AZ 03120			MAIZONA CORP. COMMISSION CORPORATIONS DIVISION
Business Phone:	(Business	phone is optional.)	
State of Domicile: AR	Type o	of Corporation: PROFIT	
<u> </u>	SELL E JONES ATERFALL ECONOMIDIS CALDWEL E WILLIAMS CIR #800	Statutory Agent's Street or Pl Physical Address: City, State, Zip:	nysical Address, If Different.
City, State, Zip: TUCS	SON, AZ 85711		
ACC USE ONLY	If appointing a new statutory a appointment by signing below		
Penalty \$Reinstate\$	I, (individual) or We, (corporation or limite do hereby consent to this appointment un	d liability company) having been de	signated the new Statutory Agent,
Expedite \$	Signature of <i>new</i> Sta	itutory Agent	· · · · · · · · · · · · · · · · · · ·
Resubmit\$	Printed Name of <i>new</i>	v Statutory Agent	
Secondary Address: Foreign Corporations are REQU to complete this section).	IRED		
BUSINESS CORPORATIONS 1. Accounting 2 2. Advertising 2 3. Aerospace 2	ow which best describes the CHAF O. Manufacturing I. Mining O. News Media O. Pharmaceutical		CORPORATIONS Part
5. Architecture 2	4. Publishing/Printing 5. Ranching/Livestock 6. Real Estate	5. Political 6. Retigious 7. Social	

___ 15. Health Care

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

18. Insurance

__ 19. Legal Services

__ 34.

_ 35. Transportation

_ 36. Utilities

38. Other

Tourism/Convention Services

__ 37. Veterinary Medicine/Animal Care

18. <u>—</u> Other_

14. Cooperative Market
15. Animal Husbandry

16. Homeowner's Association
17. Professional commercial

Professional, commercial

industrial or trade association

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Business trusts must indicate the number of transferable certifi	usts are <u>REQUIRED</u> to complete this section.) cates 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 of Shares/Certificates Authorized Classification of Shares/Certificates Classification Classification of Shares/Certification of Shares/Certificatio	sporation for the amount of shares authorized . Series Within Class (if any)
100,000,000	Common \$1.00 Par Value
	riginal number of shares has changed. Examine the corporation's
minutes for the number of shares issued . Number of Shares/Certificates issued Cla	ass Series Within Class (if any)
96,917	Common \$1.00 Par Value
6. SHAREHOLDERS: (For-profit Corporations and Business Tru	sts are REQUIRED to complete this section.)
	es issued by the corporation, or having more than a 20% beneficial
Name: Cindy L. Ashton Non-Exempt Trust	Name: Harold W. Ashton Non-Exempt Trust
NONE Name: Lawrence E. Ashton Non-Exempt Trust	Name:
7. OFFICERS PLEASE TYPE OR PRINT CLEARLY	
Name: WILLIAM R VAIL	Name: G RICHARD KETCHUM
Title: PRESIDENT/CEO	Title: SECRETARY
Address: 4125 E 6TH ST	Address: 6046 E 4TH ST
TUCSON, AZ 85711	TUCSON, AZ 85711
Date taking office: 9/22/1994	Date taking office: 9/22/1994
Name: G RICHARD KETCHUM	Name: BRIAN R ANDREWS
Title: TREASURER	Title: VICE-PRESIDENT
Address: 6046 E 4TH ST	Address: 7501 E CLARENCE CIR
TUCSON, AZ 85711	TUCSON, AZ 85715
Date taking office: 9/22/1999	Date taking office: 12/13/1997
8. DIRECTORS PLEASE TYPE OR PRINT CLEARL	-
Name: HAROLD W ASHTON	Name: LAWRENCE E ASHTON
Address: 5415 N MIRAMIST WAY	Address: 5301 N CRAYCROFT RD
TUCSON, AZ 85750	TUCSON, AZ 85718
Date taking office: 12/20/2003	Date taking office: 12/20/2003
Name: G RICHARD KETCHUM	Name: CINDY L ASHTON
Address: 6046 E 4TH ST	Address: 4202 N QUAIL CANYON
THOOPILAT OFFILE	
TUCSON, AZ 85711	TUCSON, AZ 85750
Date taking office: 12/15/1990	Date taking office: 12/19/1987

Please Enter Corporation Name: THE ASHTON COMPANY, INC.	, CONTRACTORS	SAND ENGINEERS File number -0043527-3 Page 3		
9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9)) Nonprofits – if your annual report is due on or before September 25 balance sheet including assets, liabilities). If your nonprofit annual Cooperative marketing associations must in all cases submit a financial statement no matter what date the annual report was due.	l report is due aft a financial statem	er September 25, 2008, a financial statement is not required.		
ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QU				
9A. <u>MEMBERS</u> (A.R.S. §10-11622(A)(6))	This corpora	ation DOES DOES NOT D have members.		
10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3: A. Has any person who is currently an officer, director, trustee, in 10% of the issued and outstanding common shares or 10% of been:	ncorporator, or w	ho, in a For-profit corporation, controls or holds more than		
 Convicted of a felony involving a transaction in securities, cons period immediately preceding the execution of this certificate 	?			
Convicted of a felony, the essential elements of which consist monopoly in any state or federal jurisdiction within the seven				
3. Subject to an injunction, judgment, decree or permanent orde preceding execution of this certificate where such injunction, (a) fraud or registration provisions of the securities laws (b) the consumer fraud laws of that jurisdiction, or (c) the antitrust or restraint of trade laws of that jurisdictic	er of any state or t judgment, decre of that jurisdiction	federal court entered within the seven year period immediately ee or permanent order involved the violation of:		
		e box must be marked: YES □ NO ☒		
If "YES" to A, the following information must be submitted actions stated in Items 1 through 3 above.	<u>ed</u> as an attachm	ent to this report for each person subject to one or more of the		
1. Full birth name.	5 .	Date and location of birth.		
 Full present name and prior names used. Present home address. All prior addresses for immediately preceding 7 year 	6. r	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.		
period.				
 Has any person who is currently an officer, director, trustee, in the issued and outstanding common shares, or 20% of any of in any such capacity or held a 20% interest in any other corporate. 	other proprietary, oration on the ba	beneficial or membership interest in the corporation, served ankruptcy or receivership of that other corporation?		
If "YES" to B, the following information must be submit statement above.		e box must be marked: YES ☐ NO ☑ ment to this report for each corporation subject to the		
(a) Name and address of each corporation and the personal (b) State(s) in which it: (i) was incorporated and (ii) train (c) Dates of corporate operation.		s.		
11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S	S && 10-1623 &	10-11623)		
A. Has the <u>corporation</u> filed a petition for bankruptcy or appoint	ted a receiver?	One box must be marked: YES I NO I		
appointment of a receiver. If a major stockholder is a co	of the corporation prporation, the state orate stockholde	within one year of filing the petition for bankruptcy or the atement shall list the current president, chairman of the r. "Major stockholder" means a shareholder possessing or		
2. Whether any such person has been an officer, director,	trustee or major	stockholder of any other corporation within one year of the		
bankruptcy or receivership of the other corporation. If so	o, for each such	corporation give:		
(a) Name and address of each corporation;				
•	(ii) transacted bu	siness.		
(c) Dates of operation.				
declare, under penalty of perjury, that all corporate income tar filed with the Arizona Department of Revenue. I further declar certificate, including any attachments, and to the best of my (x returns requir e under penalty our) knowledge	of perjury that I (we) have examined this report and the and belief they are true, correct and complete.		
Name G. Richard Ketchum Date 7/22/2011 Signature A. R. Land Kolchum	Name	Date		
Signature A. Richard Kolchum	Signature			
Title Secretary/Treasurer	_ Title			
Title Secretary/Treasurer Title (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)				