

WEB FORM COPY

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





DUE ON OR BEFORE 06/07/2013

FIL	ING	FEE	\$45.0
			W 10.0

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.

-0087339-4

TITLE SECURITY AGENCY OF ARIZONA 1. 6390 E TANQUE VERDE **TUCSON, AZ 85732**

RECEIVED

MAY 1 7 2013

		ARIZONA CORP. COMMISSION CORP. DRATICS IN A CHIRAN		
Business Phone: (520) 885-1600		(Business phone is optional.)		
State of Domicile	: ARIZONA	Type of Corporation: PROFIT		
Statutory Agent:	ROBERT L GUGINO	Statutory Agent's Street or Physical Address, If Different.		
Mailing Address:	4564 E CAMP LOWELL DR	Physical Address:		
City, State, Zip:	TUCSON, AZ 85712-1282	City, State, Zip:		
ACC USE ONLY		ew statutory agent, the new agent MUST consent to that		
ACC USE ONLY Fee \$		ew statutory agent, the new agent MUST consent to that signing below. Note that the agent address must be in Arizona.		
	appointment by s	signing below. Note that the agent address must be in Arizona. poration or limited liability company) having been designated the new Statutory Agent		
Fee \$	appointment by s	signing below. Note that the agent address must be in Arizona.		
Fee \$ Penalty \$	appointment by s I, (individual) or We, (cor, do hereby consent to this	signing below. Note that the agent address must be in Arizona. poration or limited liability company) having been designated the new Statutory Agent		
Fee \$Penalty \$Reinstate\$	appointment by s I, (individual) or We, (condo hereby consent to this Sign	signing below. Note that the agent address must be in Arizona. poration or limited liability company) having been designated the new Statutory Agent s appointment until my removal or resignation pursuant to law.		

Secondary Address:

(Foreign Corporations are REQUIRED to complete this section).

Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation

rook the one outegory	below which best describes the OHARACTER OF	DOGINEGO OF YOUR COLPORALION.
BUSINESS CORPORATION	<u>ONS</u>	NON-PROFIT CORPORATIONS
1. Accounting	20. Manufacturing	1. Charitable
.2. Advertising	□ 21. Mining	2. Enevotent
3. Aerospace		3. 🚾 Educational
4. Agriculture	□ 23. Pharmaceutical	4. 🖂 Civic
5. Architecture		5. 🖂 Political
6. Banking/Finance	<u>□</u> 25. Ranching/Livestock	6. 🚾 Religious
7. Barbers/Cosmetology	☐ 26. Real Estate	7. 🚍 Social
8. Construction		8. 🛄 Literary
9. Contractor		9. ED Cultural
10. Credit/Collection	□ 29. Science/Research	10. Athletic
11. Education .	□ 30. Sports/Sporting Events	11. C Science/Research
12. Engineering	☐ 31. Technology(Computers)	12. Hospital/Health Care
13. Entertainment	☐ 32. Technology(General)	13. 🖂 Agricultural
14. General Consulting	☐ 33. Television/Radio	 Cooperative Marketing Association
📺 15. Health Care	☐ 34. Tourism/Convention Services	15. 📺 Animal Husbandry
16. Hotel/Motel		16. Homeowner's Association
17. Import/Export	□ 36. Utilities	17. Professional, commercial
📆 18. Insurance	37. Veterinary Medicine/Animal Care	industrial or trade association
☐ 19. Legal Services	■ 38. Other TITLE INSURANCE AND ESCROW STATEMENT	18. 🚾 Other

Date taking office: _____

Date taking office:

Supplement to Annual Report for Title Security Agency of Arizona, Inc.

The following information is submitted as an attachment to the "yes" response to question 10-B on the Annual Report for Title Security Agency of Arizona, Inc. submitted on or about May 16, 2013:

 A. The name of the Corporations placed in bankruptcy are: First Magnus Financial Corporation 603 N. Wilmot Road Tucson, AZ 85711

First Magnus Capital, Inc. 603 N. Wilmot Tucson, AZ 85711

The names and addresses of the persons involved as officers/directors, or major stockholders, who also serve in such capacities for Title Security Agency of Arizona, Inc. are as follows:

Thomas W. Sullivan, Sr. 603 N. Wilmot Road Tucson, AZ 85711

Thomas W. Sullivan, Jr. 603 N. Wilmot Road Tucson, AZ 85711

B. First Magnus Financial Corporation was incorporated in the State of Arizona and transacted business in all 50 states in the USA.

First Magnus Capital, Inc., was incorporated in the State of Arizona and transacted business in Arizona.

C. First Magnus Financial Corporation was formed in July of 1996 and operated through its bankruptcy filing on or about August 21,2007.

First Magnus Capital, Inc., was formed in June 2005 and operated through its bankruptcy filing in February 2008.

Ple	ase Enter Corporation Name: TITLE SECURIT	Y AGENC	Y OF ARIZON	AFile number0087339-4	Page 3					
9. <u>I</u> Nor bala Coo fina	FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9) inprofits – if your annual report is due on or before Sepance sheet including assets, liabilities). If your nonproperative marketing associations must in all case notal statement no matter what date the annual report)) otember 25, ofit annual r s submit a 1 t was due.	2008, you <u>mus</u> eport is due aft īnancial statem	t attach a financial statement (e.g. income/expenses or September 25, 2008, a financial statement is not	required.					
	LY NONPROFIT CORPORATIONS MUST ANSWE									
9A.	MEMBERS (A.R.S. §10-11622(A)(6))	Т	his corpora	ition DOES 🔲 DOES NOT 🔲 have me	mbers.					
10. A.	D. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7)) Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:									
1.	Convicted of a felony involving a transaction in secu		ımer fraud or ar	titrust in any state or federal jurisdiction within the se	even year					
2.	period immediately preceding the execution of this Convicted of a felony, the essential elements of wh	ich consiste			of trade or					
3.	monopoly in any state or federal jurisdiction within Subject to an injunction, judgment, decree or permi preceding execution of this certificate where such i (a) fraud or registration provisions of the secu (b) the consumer fraud laws of that jurisdiction (c) the antitrust or restraint of trade laws of that	anent order injunction, ju rities laws of n, or	of any state or f udgment, decre f that jurisdiction	ederal court entered within the seven year period im- e or permanent order involved the violation of:	mediately					
	(o) the distinct of footiant of auto lave of the	it juniourouoi		box must be marked: YES D NO	ואו כ					
	actions stated in Items 1 through 3 above.	submitted	as an attachm	ent to this report for each person subject to one or m						
	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 period. 	ng 7 year	6.	The nature and description of each conviction of action; the date and location; the court and public involved; and the file or cause number of the cas	ic agency					
В.										
	(a) Name and address of each corporation an (b) State(s) in which it: (i) was incorporated as			S .						
	(c) Dates of corporate operation.									
11.	STATEMENT OF BANKRUPTCY OR RECEIVERS	<u>HIP</u> (A.R.S.	§§ 10-1623 &	10-11623)						
A.										
	2. Whether any such person has been an office	r, director, t	rustee or major	stockholder of any other corporation within one year	ar of the					
	bankruptcy or receivership of the other corpo	ration. If so,	for each such	corporation give:						
	(a) Name and address of each corporat	ion;								
	(b) States in which it: (i) was incorporat	ed and (ii	i) transacted bu	siness.						
	(c) Dates of operation.									
l de filed cert	clare, under penalty of perjury, that all corporate in divide the Arizona Department of Revenue. If further tificate, including any attachments, and to the be	ncome tax ner declare	returns requir under penalty	of perjury that I (we) have examined this report	ave been t and the					
Naı	me Vivial Boggie Date 5	5/16/2013	Name	Date						
Sig	nature V www. PQ		Signature							
Titl	Executive Vice President/Co		Title							
	(Signator(s) must be duly author	orized corp	orate officer(s) listed in section 7 of this report.)						

AR:0046 Rev. 12/2008