



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

Arizona Corporation Commission



00411186



COPY

DUE ON OR BEFORE 04/08/2001

FY00-01

FILING FEE \$10.00

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 for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

RECEIVED

DEC - 6 2001

1. -0520849-4

GLENBROOK HOMEOWNERS ASSOCIATION, INC.

~~PO BOX 17237~~

~~FOUNTAIN HILLS, AZ 85269~~

c/o ABSOLUTE REALTY

17031 EL LAGO BLVD

FOUNTAIN HILLS, AZ

ATT. MICHELLE KERN

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

DELINQUENT ANNUAL REPORT 11/04/2001; CONTACT THE COMMISSION AT 542-32851

Business Phone: ~~480-937-5833~~ (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: ~~DEBBIE SUNDSETZ REALTY~~

Street Address: ~~18100 N GINGER BLVD #120~~

~~FOUNTAIN HILLS, AZ 85268~~

City, State, Zip:

Roger Keller  
3550 S Ellsworth Rd  
Box 342  
Mesa AZ 85212

IPR 01 Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10

Penalty \$ \_\_\_\_\_

Reinstate \$ \_\_\_\_\_

Expedite \$ \_\_\_\_\_

Resubmit \$ \_\_\_\_\_

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.

*Roger Keller*  
Signature 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

- \_\_\_ 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
- \_\_\_ 12. Engineering
- \_\_\_ 13. Entertainment
- \_\_\_ 14. General Consulting
- \_\_\_ 15. Health Care
- \_\_\_ 16. Hotel/Motel
- \_\_\_ 17. Import/Export
- \_\_\_ 18. Insurance
- \_\_\_ 19. Legal Services
- \_\_\_ 20. Manufacturing
- \_\_\_ 21. Mining
- \_\_\_ 22. News Media
- \_\_\_ 23. Pharmaceutical
- \_\_\_ 24. Publishing/Printing
- \_\_\_ 25. Ranching/Livestock
- \_\_\_ 26. Real Estate
- \_\_\_ 27. Restaurant/Bar
- \_\_\_ 28. Retail Sales
- \_\_\_ 29. Science/Research
- \_\_\_ 30. Sports/Sporting Events
- \_\_\_ 31. Technology(Computers)
- \_\_\_ 32. Technology(General)
- \_\_\_ 33. Television/Radio
- \_\_\_ 34. Tourism/Convention Services
- \_\_\_ 35. Transportation
- \_\_\_ 36. Utilities
- \_\_\_ 37. Veterinary Medicine/Animal Care
- \_\_\_ 38. Other \_\_\_\_\_

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
- 13. \_\_\_ Agricultural
- 14. \_\_\_ Animal Husbandry
- 15.  Homeowner's Association
- 16. \_\_\_ Professional, commercial industrial or trade association
- 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.

Number of Shares/Certificates Authorized Class Series Within Class (if any)

Number of Shares/Certificates Issued Class Series Within Class (if any)

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.

Name: Name:

NONE

Name: Name:

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY.

Name: ALBERT L. VARGO

Title: PRESIDENT

Address: 16112 GLENORA DR. FOUNTAIN HILLS AZ - 85268

Date taking office: 1-1-2000

Name: RICHARD CODY-

Title: SEC/TREAS

Address: 16108 GLENORA DR FOUNTAIN HILLS AZ 85268

Date taking office: 1-1-2000

Name: TOM CUDZILLO

Title: VICE PRES

Address: 16203 GLENORA DR FOUNTAIN HILLS AZ 85268

Date taking office: 1-1-2000

Name:

Title:

Address:

Date taking office:

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY.

Name: ALBERT L. VARGO

Address: 16112 GLENORA DR FOUNTAIN HILLS AZ - 85268

Date taking office: 1-1-2000

Name: ROBERT SARPETTI

Address: 14623 GLENPOINT FOUNTAIN HILLS AZ 85268

Date taking office: 1-1-2000

Name: TOM CUDZILLO

Address: 16203 GLENORA DR FOUNTAIN HILLS AZ 85268

Date taking office: 1-1-1999

Name: RICHARD CODY-

Address: 16108 GLENORA DR FOUNTAIN HILLS AZ 85268

Date taking office: 1-1-2000

CONT'D - NEXT PAGE

CONT'D

⑧ DIRECTORS

05208494

GRANT CUMMINGS  
16014 GLENEAGLE DR  
FOUNTAIN HILLS AZ

DATE TAKING OFFICE- 1-1-98

**GLEN BROOK HOMEOWNERS ASSOCIATION INC**

**Balance Sheet**

As of December 31, 2000

Dec 31, '00

**ASSETS**

**Current Assets**

Checking/Savings	
Cash-Checking	23.48
Reserves-Other	<u>13,516.90</u>
<b>Total Checking/Savings</b>	<u>13,540.38</u>

<b>Total Current Assets</b>	<u>13,540.38</u>
-----------------------------	------------------

<b>TOTAL ASSETS</b>	<u><u>13,540.38</u></u>
---------------------	-------------------------

**LIABILITIES & EQUITY**

**Liabilities**

<b>Current Liabilities</b>	
Other Current Liabilities	
Dues Paid In Advance	<u>351.00</u>
<b>Total Other Current Liabilities</b>	<u>351.00</u>

<b>Total Current Liabilities</b>	<u>351.00</u>
----------------------------------	---------------

<b>Total Liabilities</b>	351.00
--------------------------	--------

**Equity**

Retained Earnings	15,186.44
Net Income	<u>-1,997.06</u>
<b>Total Equity</b>	<u>13,189.38</u>

<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>13,540.38</u></u>
---------------------------------------	-------------------------

**GLENBROOK HOMEOWNERS ASSOCIATION INC**

**Year to Date Budget**

January through December 2000

	<u>Jan - Dec '00</u>	<u>Budget</u>
<b>Income</b>		
Association Dues	52,920.00	52,920.00
Interest Income	598.52	480.00
Late Fees	271.50	120.00
Transfer Fees	675.00	500.00
<b>Total Income</b>	<u>54,465.02</u>	<u>54,020.00</u>
<b>Expense</b>		
Audit/Tax Returns	50.00	50.00
Bank Account Charges	35.00	0.00
Cable TV	24,754.42	24,047.10
Cleaning/Janitorial	620.00	600.00
Exterminating/Pest Control	176.00	0.00
Fence Painting/Repairs	1,975.00	1,750.00
Income Taxes-State/Fed	174.13	200.00
Insurance	1,377.00	1,400.00
Irrigation Systems	50.00	0.00
Landscape Repairs/Improvements	1,023.56	600.00
Landscaping Maintenance	7,798.00	6,540.00
Management Fees	6,450.00	6,300.00
Meeting Expense	38.55	50.00
Miscellaneous Expense	486.07	650.00
Parking Lot Repairs	420.07	0.00
Permits Pool/Spa	210.00	200.00
Pool/Spa Cleaning	2,041.49	2,500.00
Pool/Spa Repair	1,233.44	500.00
Postage	287.36	100.00
Real Estate Taxes	655.96	655.96
Social Events	100.00	0.00
Supplies-Landscape	236.67	0.00
Supplies-Office	1,108.41	125.00
Supplies-Paint	0.00	0.00
Supplies-Pool/Spa	28.40	100.00
Utilities-Electric	3,358.35	3,600.00
Utilities-Sewer	221.00	468.00
Utilities-Water	1,553.20	1,800.00
<b>Total Expense</b>	<u>56,462.08</u>	<u>52,236.06</u>
<b>Net Income</b>	<u><u>-1,997.06</u></u>	<u><u>1,783.94</u></u>

Arizona Corporation Income Tax Return

2000

For taxable year beginning 1/01/2000, and ending 12/31/2000

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE
Calendar year [X] Fiscal year [ ]
Federal employer ID number (FEIN) 86-0641257
AZ withholding tax number n/a
AZ transaction privilege tax number n/a

Business telephone number
Business activity code number (from federal Form 1120) 531390

Name: Glenbrook Homeowners Association, Inc.
Number and street: 17100 N. Shea Blvd., #120
City or town, state and ZIP code: Fountain Hills, AZ 85268

[68] Check box if: [ ] This is a first return [ ] Name change [ ] Address change

A Is FEDERAL return filed on a consolidated basis? [ ] Yes [X] No
If yes, list FEIN of common parent from consolidated return.

B ARIZONA filing method: (Check only one) See instruction pages 2-3
1 [X] Separate company 2 [ ] Combined (unitary group) 3 [ ] Consolidated

C If ARIZONA filing method is combined or consolidated, see Form 51 instructions
Are there any additions or deletions on Form 51? [ ] Yes [X] No

D Is this the corporation's final ARIZONA return? [ ] Yes [X] No
If yes, check one: Dissolved [ ] Withdrawn [ ] Merged/Reorganized [ ]
List FEIN of the successor corporation, if any

For DOR use only
[81] [66]
[82] CHECK BOX IF: Federal extension used to file return. 82F [ ]

Table with 39 rows and 2 columns. Row 1: Taxable income - per attached federal return -92.00. Row 2: Additions to taxable income - from page 2, Schedule A, line A11 00. Row 3: Total taxable income - add lines 1 and 2 -92.00. Row 4: Subtractions from taxable income - from page 2, Schedule B, line B12 00. Row 5: Adjusted income - subtract line 4 from line 3. WHOLLY ARIZONA CORPORATIONS GO TO LINE 13 -92.00. Row 6: Arizona adjusted income - from line 5. MULTISTATE CORPORATIONS ONLY 00. Row 7: Nonapportionable or allocable amounts - from page 3, Schedule D, line D8. Multistate corporations only 00. Row 8: Adjusted business income - subtract line 7 from line 6. Multistate corporations only 00. Row 9: Arizona apportionment ratio - see Schedule C instructions. Multistate corporations only 9. Row 10: Adjusted business income apportioned to Arizona - line 8 multiplied by line 9. Multistate corporations only 00. Row 11: Other income allocated to Arizona - from page 3, Schedule E, line E7. Multistate corporations only 00. Row 12: Adjusted income attributable to Arizona - add lines 10 and 11. Multistate corporations only 00. Row 13: Arizona income before NOL - from line 5 or line 12 -92.00. Row 14: Arizona basis net operating loss carryforward - attach computation schedule 00. Row 15: Arizona taxable income - subtract line 14 from line 13 -92.00. Row 16: Enter tax. Tax is 7.968 percent of line 15 or fifty dollars (\$50), whichever is greater. 50.00. Row 17: Tax from recapture of tax credits - from Form 300, Part II, line 24 00. Row 18: Subtotal - add lines 16 and 17. 50.00. Row 19: Clean Elections Fund Tax Reduction. Check this box to send \$5 to the fund and reduce the tax (line 18) by \$5. 19A [ ] 00. Row 20: Nonrefundable tax credits - from Form 300, Part II, line 47 00. Row 21: Credit type - enter form number for each credit claimed 21 3 3 3 3 3 50.00. Row 22: Tax liability - subtract the sum of lines 19 and 20 from line 18 00. Row 23: Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE. 50.00. Row 24: Tax liability after Clean Election Fund tax credit - subtract line 23 from line 22. 00. Row 25: Refundable tax credits - see instructions 25 00. Row 26: Credit type - enter form number for each refundable credit claimed 26 3 3 3 3 00. Row 27: Retroactive consolidation tax payment credit - see instructions 27 00. Row 28: Extension payment made with Form 120EXT. See instructions. 28 00. Row 29: Estimated tax payments made with Form 120ES 29 00. Row 30: Total payments - see instructions. 00. Row 31: Balance of tax due - If line 24 is larger than line 30, enter balance of tax due. Skip line 32. 50.00. Row 32: Overpayment of tax - If line 30 is larger than line 24, enter overpayment of tax 00. Row 33: Penalty and interest 33 00. Row 34: Estimated tax underpayment penalty and interest - If Form 220 is attached, check box. 34A [ ] 00. Row 35: Donation to Citizens Clean Elections Fund - see instructions. 35 00. Row 36: TOTAL DUE - payment must accompany return - see instructions. 50.00. Row 37: OVERPAYMENT - see instructions. 37 00. Row 38: Amount of line 37 to be applied to 2001 estimated tax 38 00. Row 39: Amount to be refunded - subtract line 38 from line 37. 39 00.

COPY

**Schedule A - Additions to Taxable Income**

A1	Taxes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments	A1	00
A2	Interest on obligations of other states, foreign countries, or political subdivisions	A2	00
A3	Special deductions claimed on federal return	A3	00
A4	Federal net operating loss deduction claimed on federal return	A4	00
A5	Federal income tax refunds received in the taxable year - see instructions	A5	00
A6	Commissions and other expenses paid or accrued to a Domestic International Sales Corporation (DISC)	A6	00
A7	Capital investment by qualified defense contractor - attach schedule	A7	00
A8	Claim of right adjustments - attach schedule	A8	00
A9	Additions related to Arizona tax credits - attach schedule	A9	00
A10	Other additions to federal taxable income - attach schedule	A10	00
A11	Total - add lines A1 through A10. Enter total here and on page 1, line 2.	A11	00

**Schedule B - Subtractions From Taxable Income**

B1	Dividends received from corporations doing 50% or more of their business in Arizona	B1	00
B2	Dividends received from 50% or more controlled domestic corporations	B2	00
B3	Foreign dividend gross-up	B3	00
B4	Dividends received from foreign corporations	B4	00
B5	Dividends received from a DISC	B5	00
B6	Interest on U.S. obligations	B6	00
B7	Agricultural crops charitable contribution	B7	00
B8	Alternative fuel vehicles and equipment - see instructions	B8	00
B9	Capital investment by qualified defense contractor - attach schedule	B9	00
B10	Claim of right adjustment - attach schedule	B10	00
B11	Other subtractions from federal taxable income - attach schedule	B11	00
B12	Total - add lines B1 through B11. Enter total here and on page 1, line 4	B12	00

**Schedule C - Apportionment Formula (Multistate Corporations Only)**

The following information must be submitted by all corporations having income from sources both within and without Arizona. Average lines C1(a) through C1(f). Arizona requires a double-weighted sales factor. See instructions on pages 13 and 14 before completing this section.

	(a) Total within Arizona	(b) Total everywhere	(c) Ratio within Arizona (a) / (b)
C1 Average yearly value of real and tangible personal property:			
(a) Inventory			
(b) Depreciable assets - at original cost			
(c) Land			
(d) Other - describe			
(e) Less construction in progress			
(f) Less nonbusiness property			
(g) Net annual rent paid for leased property, multiplied by 8			
(h) Total real and tangible personal property used			
C2 Wages, salaries, commissions and other compensation of employees as shown per federal Form 1120 or payroll reports			
C3 (a) Gross sales, less returns and allowances			
(b) Sales delivered or shipped to Arizona purchasers			
(c) Other gross receipts (rents, royalties, interest, etc.)			
(d) Total sales within Arizona			
(e) Double weight sales factor	X 2		
(f) Sales factor ratio. For column (a), multiply line C3(d) by line C3(e); for column (b), add lines C3(a) and C3(c)			
C4 Total ratio - add lines C1(h), C2 and C3(f), in column (c)			
C5 Average ratio - divide line C4 by four (4). Enter the result in column (c) and on page 1, line 9			

COPY

**Schedule D - Non-apportionable Income and Expenses (Multistate Corporations Only)**

**D1 Nonbusiness dividends and interest income:**

a. Total nonbusiness dividends not deducted on page 2, Schedule B.....	<b>D1a</b>		00
b. Interest from nonbusiness sources.....	<b>D1b</b>		00
c. Total nonbusiness dividends and interest - add lines D1a and D1b.....	<b>D1c</b>		00
<b>D2</b> Net royalties from nonbusiness patents and copyrights - attach schedule.....	<b>D2</b>		00
<b>D3</b> Net income from rental of nonbusiness assets - attach schedule.....	<b>D3</b>		00
<b>D4</b> Net gain or (loss) from sale or exchange of nonbusiness assets utilized for production of nonbusiness income - attach schedule.....	<b>D4</b>		00
<b>D5</b> Other income or (loss) - attach schedule.....	<b>D5</b>		00
<b>D6</b> Subtotal - add lines D1c through D5.....	<b>D6</b>		00
<b>D7</b> Expenses attributable to income derived from a foreign corporation which is not itself subject to Arizona income tax - attach schedule.....	<b>D7</b>		00
<b>D8</b> Total - subtract line D7 from line D6. Enter total here and on page 1, line 7.....	<b>D8</b>		00

**Schedule E - Other Income Allocated to Arizona (Multistate Corporations Only)**

<b>E1</b> Gain or (loss) from sale or exchange of real estate and other tangible assets utilized for the production of nonbusiness income - attach schedule.....	<b>E1</b>		00
<b>E2</b> Net income or (loss) from rental of nonbusiness assets - attach schedule.....	<b>E2</b>		00
<b>E3</b> Net royalties from nonbusiness patents and copyrights - attach schedule.....	<b>E3</b>		00
<b>E4</b> Net income or (loss) from intangible property specifically allocable to Arizona - attach schedule.....	<b>E4</b>		00
<b>E5</b> Federal income tax refund received in taxable year - see instructions.....	<b>E5</b>		00
<b>E6</b> Other income or (loss) directly allocable to Arizona - attach schedule.....	<b>E6</b>		00
<b>E7</b> Total - add lines E1 through E6. Enter total here and on page 1, line 11.....	<b>E7</b>		00

**Schedule F - Schedule of Tax Payments**

Name of corporation	FEIN	Date of payment	Type of payment	Amount of payment
Total				

COPY

Schedule G - Other Information

G1 Date business began in Arizona or date income was first derived from Arizona sources 3/08/1989

G2 Address at which tax records are located for audit purposes: Arizona

G3 The taxpayer designates the individual listed below as the person to contact for information concerning this return and authorizes the disclosure of confidential information to this individual.

Name and title Michelle Kern, Prop. Mgr Phone # 480-837-5833

G4 List prior taxable years for which a federal examination has been finalized \_\_\_\_\_

NOTE: ARS Section 43-327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes.

G5 List taxable years for which federal examinations are now in progress, or final determination of past examinations is still pending \_\_\_\_\_

G6 List the taxable years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire \_\_\_\_\_

G7 Principal business activity Management Product or service Homeowners' Assoc.

G8 Amount of Arizona taxable income for prior taxable year (1999 Form 120, line 15) 402

G9 Indicate tax accounting method: Cash  Accrual  Other  (Specify method) \_\_\_\_\_

Multi-state taxpayers:

G10 Are the nonbusiness items reported on Schedule D, lines 1 through 5, and the apportionment factor items reported on Schedule C, column (b), treated consistently on all state tax returns filed under the Uniform Division of Income for Tax Purposes Act?

Yes  No  If no, attach explanation.

G11 Has the taxpayer changed the way income is apportioned or allocated to Arizona from prior taxable year returns?

Yes  No  If yes, attach explanation.

**Certification** The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer). Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign this return, declare that I (we) have examined this return, including the accompanying schedules and statements, and to the best of my (our) knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here  
Officer's signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Officer's signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Paid Preparer's Use Only**  
Preparer's signature CCL Date 5-7-01  
Craig C. Capirchio, Ltd. 86-0761163  
Firm's name (or preparer's, if self-employed) Preparer's TIN

16844 E. Ave of the Ftns, #201  
Fountain Hills, AZ 85268  
Firm's address ZIP code

COPY

Please Enter Corporation Name: \_\_\_\_\_

05208494

**9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)**

Nonprofit corporations **must attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

**9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only.**

This corporation **does**  **does not**  have members.

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

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and 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 been: [Underlined portion pertains to profit corporations only]

1. 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?
2. 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?
3. 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**

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

- |   |   |
|---|---|
| 1. Full name and prior names used.                          | 5. Date and location of birth.  |
| 2. Full birth name.   | 6. Social Security Number   |
| 3. Present home address.                                    | 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. |
| 4. Prior addresses (for immediate preceding 7 year period). |   |

**11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2 & 10-3202.02)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to profit corporations only]

One box **must** be marked: **YES**  **NO**

Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_

If "YES", 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. 2) The state in which each corporation was incorporated b) transacted business. 3) The dates of corporate operation.

**12. SIGNATURES**

**CAUTION:** Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures 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 A. L. VARGO Date 12-4-01 Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature A. L. VARGO Signature \_\_\_\_\_  
 Title PRESIDENT Title \_\_\_\_\_

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