FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	F94000003896
• Orange Constitution of	

1. Corporation Name F9400003896 ARIZONA FUNDING CORPORATION						
Principal Plac	e of Business	Mailing Address			41 50 45 1110 1511 5 15 116 1511	
% PAM MARTI		% PAM MARTINSON				
3000 EL CAMINO REAL 5 PALO ALTO SQUARE PALO ALTO CA 91306-2155 PALO ALTO CA 91306-2155		PALO ALTO SQUARE	SO NOT WELL WATER	UD 00105		
			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
				07/26/1994	İ	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For		
21		26		04-6761523	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certicate di Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	Country	8. This corporation owes the current year to	_ - -	
24	9. Name and Address of Currer		30]	Personal Property Tax 10. Name and Address of New Registere	Yes []No	
	a. Name and Address of Curren	it Kegistered Agent	81 Name	To. Hame and Address of New Acquisities	a Age II	
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301			<u> </u>	82 Street Address (P.O. Box Number is Not Acceptable) 83		
11. Pursuant office or agent I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered agents.	tions of, Section 607.0505, Ftoric	s, the above-named corp thorized by the corporati da Statutes.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of charging its registered ointment as registered	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE		[] Change [] Addition	
NAME	SMITH, NANCY D		12 NAME	000002898	24801	
STREET ADDRESS	3000 EL CAMINO REAL		1.3 STREET ADDRESS		-01048012	
CITY-ST-ZIP	PALO ALTO CA 94306-2155		14 CITY-ST-ZIP			
TITLE	VP	[] DELETE	2 1 TITLE	र क्रम्बर्क के क्रम्म के क्रम	□ Change □ Addition	
NAME	BITAR, DOLORES A		22 NAME			
STREET ADDRESS	3000 EL CAMINO REAL		23 STREET ADORESS			
CITY-ST-ZIP	PALO ALTO CA 94306-2155		2 4 CITY-ST-ZIP			
TITLE	S	□ DELETE	3 1 TITLE		[Change [] Addition	
NAME	BRENNAN, ANNE B		3.2 NAME			
STREET ADORESS			3 3 STREET ADDRESS			
CITY-ST-ZIP	PALO ALTO CA 94306-2155		34. CITY-ST-ZIP	<u> </u>		
TITLE	SD	[] DELETE		451)	☐ Addition	
NAME	COLBY, LOUISE E		4 2 NAVE			
STREET ADDRESS	3000 EL CAMINO REAL		4.3 STREET ADDRESS		ļ	
CITY-ST-ZIP	PALO ALTO CA 94306-2155	[] DELETE	4 4 CITY-ST-ZIP		Elfhono Elfddon	
TITLE	DONALDOON DOUGLAG C	בן טננפונ	5 1 TITLE 5 2 NAME		[] Change [] Addition	
NAME	DONALDSON, DOUGLAS R		5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS	3000 EL CAMINO REAL		54 CITY-ST-ZIP		1	
CITY-ST-ZIP	PALO ALTO CA 94306-2155	[] DELETE	61 TITLE		Change Addition	
TITLE	AS EITZGEDALD LANDIE A	(.) DCCCTL	62 NAME		☐ Change ☐ Addition	
NAME EXPOST ADODESS	FITZGERALD, LAURIE A		6 3 STREET ADORESS		D and the	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my nan e appears in Block 12 or Block 13 if changed, or open attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

A. Dougles Donaldson

99 864 97 8312:51

602-587-2026