

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

55 MAY -1 AM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 851867 (2)

1. Corporation Name

MIRACLE-EAR, INC.

Principal Place of Business

**4101 DAHLBERG DR.
GOLDEN VALLEY MN 55422**

Mailing Address

**4101 DAHLBERG DR.
GOLDEN VALLEY MN 55422**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
02/15/1982

3a. Date of Last Report
05/01/1994

4. FFI Number
41-0874669

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190(1)(c)
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. # etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. # etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **Prentice-Hall Corp. System Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

83 **Suite 105**

84 City **Tallahassee**

FL

85 Zip Code **32301**

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.15(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.01(2)(b), Florida Statutes.

SIGNATURE

Signature of Agent or Director

Signature of Agent or Director

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
**CD
DAHLBERG, KENNETH H
4101 DAHLBERG DR.
GOLDEN VALLEY MN**

12.2 NAME
**VTS
SMITH, SALLY J
4101 DAHLBERG DR.
GOLDEN VALLEY MN**

12.3 NAME
**PCEO
ESTERGREN, ERIC D.
4101 DAHLBERG DR.
GOLDEN VALLEY MN**

12.4 NAME
**EVP
KANAN, CHARLES V
4101 DAHLBERG DR
GOLDEN VALLEY MN**

12.5 NAME
**P
WOOFORD, BENJAMIN W
4101 DAHLBERG DR
GOLDEN VALLEY MN**

12.6 NAME
**AS
GEISEL, JEAN F.
139 SHELDON ROAD
HONEYE FALLS NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY & STATE

13.5 NAME ☒ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY & STATE

13.9 NAME ☒ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY & STATE

13.13 NAME ☒ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY & STATE

13.17 NAME ☒ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY & STATE

13.21 NAME ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY & STATE

14. I, the undersigned, certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Paragraph 119(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental 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 executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I am attaching with an affidavit.

SIGNATURE: *[Signature]*

Assistant Secretary

4/24/95

716-338-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number