FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **851867** **(2)**

1. Corporation Name

MIRACLE-EAR, INC.

Principal Place of Business	Mailing Address
4101 DAHLBERG DR. GOLDEN VALLEY MN 55422	~~4101 DAHLBERG DR.~~ ~~GOLDEN VALLEY MN 55422~~

3. Date Incorporated or Qualified: **02/15/1982**

3a. Date of Last Report: **05/01/1995**

4. FEI 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 One Bausch & Lomb Place
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 c/o Tax Dept.
City & State 23	City & State 28 Rochester, NY
Zip 24 / Country 25	Zip 29 14604-2701 / Country 30 USA

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
PRENTICE-HALL CORP. SYSTEM INC
1201 HAYS ST, STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	DAHLBERG, KENNETH H		1.2 NAME	Alan H. Resnick	
STREET ADDRESS	4101 DAHLBERG DR.		1.3 STREET ADDRESS	One Bausch & Lomb Place	
CITY-ST-ZIP	GOLDEN VALLEY MN		1.4 CITY-ST-ZIP	Rochester, NY 14604-2701	
TITLE	VTCO	☐ DELETE	2.1 TITLE	VCFO	☒ Change ☐ Addition
NAME	NAYLOR, CHRISTINE		2.2 NAME		
STREET ADDRESS	4101 DAHLBERG DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN VALLEY MN		2.4 CITY-ST-ZIP		
TITLE	PCEO	☐ DELETE	3.1 TITLE	PCEOD	☒ Change ☐ Addition
NAME	GILLEN, MICHAEL T		3.2 NAME		
STREET ADDRESS	2860 DEER RUN TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONG LAKE MN		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCARFONE, ANTHONY C		4.2 NAME		
STREET ADDRESS	18491 PKWY PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	BURNSVILLE MN		4.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WOFFORD, W B		5.2 NAME		
STREET ADDRESS	2508 PKWY PL		5.3 STREET ADDRESS		
CITY-ST-ZIP	BURNSVILLE MN		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GEISEL, JEAN F.		6.2 NAME		
STREET ADDRESS	139 SHELDON ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	HONEOYE FALLS NY		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 receiver 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, or on an attachment with an address.

SIGNATURE: _____ Alan H. Resnick 3/5/96 716-338-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)