

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90483 042 ***150.00

0608267 AT

DOCUMENT # 851867

1. Entity Name

MIRACLE-EAR, INC.

Principal Place of Business

**5000 CHESHIRE LANE NORTH #1
 PLYMOUTH MN 55446-3715**

Mailing Address

**5000 CHESHIRE LANE NORTH #1
 PLYMOUTH MN 55446-3715
 US**

2. Principal Place of Business

5000 Cheshire Ln N

Suite, Apt. #, etc.

3. Mailing Address

5000 Cheshire Ln N

Suite, Apt. #, etc.

City & State

Plymouth MN

Zip

55446

Country

USA

City & State

Plymouth MN

Zip

55446

Country

USA

4. FEI Number

41-0874669

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. 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**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
 NAME **HEMMERLE, GLENN**
 STREET ADDRESS **5000 CHESHIRE LANE NORTH #1**
 CITY-ST-ZIP **PLYMOUTH MN 55446-3715**

TITLE **D** ☐ Delete
 NAME **GROVANNI, MARTIN R**
 STREET ADDRESS **5000 CHESHIRE LANE NORTH #1**
 CITY-ST-ZIP **PLYMOUTH MN 55446-3715**

TITLE **D** ☐ Delete
 NAME **BALDISSERA, ALESSANDRO**
 STREET ADDRESS **5000 CHESHIRE LANE NORTH #1**
 CITY-ST-ZIP **PLYMOUTH MN 55446-3715**

TITLE **D** ☐ Delete
 NAME **CHIONO, ALESANDRO**
 STREET ADDRESS **5000 CHESHIRE LANE NORTH #1**
 CITY-ST-ZIP **PLYMOUTH MN 55446-3715**

TITLE **VP** ☒ Delete
 NAME **RIGGS, ALLEN**
 STREET ADDRESS **5000 CHESHIRE LANE NORTH #1**
 CITY-ST-ZIP **PLYMOUTH MN 55446-3715**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Jeffrey P. Bilas**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Robert Wabler**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/02

Daytime Phone #

CR2E034 (9/01)