

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90131 040 ***150.00

DOCUMENT # 851867

1. Entity Name
MIRACLE-EAR, INC.



Principal Place of Business
**5000 CHESHIRE LANE NORTH
PLYMOUTH MN 55446-3715**

Mailing Address
**5000 CHESHIRE LANE NORTH
PLYMOUTH MN 55446-3715
US**

2. Principal Place of Business

3. Mailing Address

5000 Cheshire Lane Plymouth, MN SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-0874669**

Applied For

Not Applicable

Zip

Country

Zip

Country

55046

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Paul Erdoson**
STREET ADDRESS **5000 Cheshire Lane N**
CITY-ST-ZIP **Plymouth, MN 55446**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/03

Date

763-268-4000

Daytime Phone #

CR2E034 (10/02)