

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P16354

1. Entity Name
STARKEY HEARING FOUNDATION, INC.



Principal Place of Business
**6700 WASHINGTON AVE SO
MINNEAPOLIS, MN 55344**

Mailing Address
**6700 WASHINGTON AVE SO
MINNEAPOLIS, MN 55344**



01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
36-3297852

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

**SEGAL, PATRICIA C
336 CORAL WAY
FT LAUDERDALE, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURTON, MICHAEL
STREET ADDRESS	6850 W 63RD ST
CITY-ST-ZIP	CHICAGO, IL 60683
TITLE	ST
NAME	AUSTIN, TANI
STREET ADDRESS	6700 WASHINGTON AVE SO
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344
TITLE	D
NAME	UNTERTHINER, RUDI
STREET ADDRESS	72111 CLANCY LANE
CITY-ST-ZIP	RANCHO MIRAGE, CA 92270
TITLE	D
NAME	OSMOND, JUSTIN
STREET ADDRESS	643 EAST 30 N
CITY-ST-ZIP	EPHRAIM, UT 84627
TITLE	ED
NAME	WRIGHT, DEBBIE
STREET ADDRESS	3418 MIDCOURT RD, STE 102
CITY-ST-ZIP	CARROLLTON, TX 75006
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #