2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # P16354 1. Entity Name STARKEY HEARING FOUNDATION, INC.						04-14-2008	-	30 ****61	1.25	
Principal Place of Business Mailing Address 6700 WASHINGTON AVE SO 6700 WASHINGTON AVE SO MINNEAPOLIS, MN 55344 MINNEAPOLIS, MN 55344						-				
Principal Place of Business - No P.O. Box # Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02202008	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State			4. FEI Number 36-3297			<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate		of Status Desired		\$8.75 Add ee Require		
	6. Name and Address of Current Regi	stered Agent			7. Name and	Address of New F	Registered A	gent	<u>.</u> ,	
SECAL DA	TRICIA C		Name							
SEGAL, PATRICIA C 336 CORAL WAY FT LAUDERDALE, FL 33301			Street	Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Cod	8	
8. The above of	named entity submits this statement for the	purpose of changing its re	egistered office of	or register	red agent, or both	n, in the State of Flo	orida. I am f	amiliar with,	and accept	
the obligation	ons of registered agent.									
i :	Signature, typed or printed name of registered agent and titl	e if applicable. (NOTE:	Registered Agent signs	boure required	t when reinstating)		DATE			
	Signature, typed or printed name of registered agent and tis Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	bb.re required	\$5.00 May Be Added to Fees	' 1	DATE lake check rida Depart			
	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	' 1	lake check rida Depart	ment of St	tate	
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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

3-10-08

866-354-3254

Daytima Phone #