FILE NOW: FILING FEE IS $61.25

FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P16354 (3)

1. Corporation Name

STARKEY HEARING FOUNDATION, INC.

Principal Place of Business	Mailing Address
4248 PARK GLEN ROAD MINNEAPOLIS MN 55416	4248 PARK GLEN ROAD MINNEAPOLIS MN 55416

3. Date Incorporated or Qualified: 10/13/1987

4. FEI Number: 36-3297852 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BELL, JAMES
2255 GLADES ROAD, #324A
BOCA RATON FL

10. Name and Address of New Registered Agent

81 Name: PATRICIA CROW SEGAL
82 Street Address (P.O. Box Number is Not Acceptable)
83: 336 CORAL WAY
84 City: FT LAUDERDALE FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Patricia Crow Segal — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	GALLAGHER, SHERYL L.		1.2 NAME	JOHN J. GORRA	
STREET ADDRESS	6550 YORK AVE. S. #412		1.3 STREET ADDRESS	14133 SHADY OAK LN TRAIL NE	
CITY-ST-ZIP	EDINA MN		1.4 CITY-ST-ZIP	PRIOR LAKE MN 55372	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAGEN, JEFFREY D		2.2 NAME		
STREET ADDRESS	510 MARQUETTE AVE., #300		2.3 STREET ADDRESS	1589 Hwy 7 #203	
CITY-ST-ZIP	MINNEAPOLIS MN		2.4 CITY-ST-ZIP	55305	
TITLE	VD	☑ DELETE	3.1 TITLE	VP	☑ Change ☐ Addition
NAME	GORRA, JOHN		3.2 NAME	DR. MICHAEL McGOWAN	
STREET ADDRESS	6400 FLYING CLOUD DRIVE		3.3 STREET ADDRESS	4713 DREW AVE S	
CITY-ST-ZIP	EDEN PRAIRIE MN		3.4 CITY-ST-ZIP	MINNEAPOLIS MN 55410	
TITLE	ASV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRINGTON, ED		4.2 NAME		
STREET ADDRESS	4248 PARK GLEN RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		4.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	5.1 TITLE	T	☑ Change ☐ Addition
NAME	SWEEN, MARK G.		5.2 NAME	SHERYL L. GALLAGHER	
STREET ADDRESS	1624 HARMON PLACE #207		5.3 STREET ADDRESS	6550 YORK AVE S. #412	
CITY-ST-ZIP	MINNEAPOLIS MN 55403		5.4 CITY-ST-ZIP	EDINA MN 55435	
TITLE	TRD	☑ DELETE	6.1 TITLE	DTR	☑ Change ☐ Addition
NAME	BROWN, LAWRENCE A		6.2 NAME	WENDELL MADDOX	
STREET ADDRESS	4212 BEVERLY AV		6.3 STREET ADDRESS	1607 S 6TH ST	
CITY-ST-ZIP	GOLFEN VALLEY MN		6.4 CITY-ST-ZIP	HOPKINS MN 55343	

CR2E037 (10/97)

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED — 6 JAN 98 — 612/927-9220
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone Number