

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841118

Entity Name: HEARING HEALTH FOUNDATION, INC.**Current Principal Place of Business:**363 SEVENTH AVENUE
10TH FLOOR
NEW YORK, NY 10001**Current Mailing Address:**11786 COOORSGOLD LANE
NORTHRIDGE, CA 91326 US**FEI Number: 13-1882107****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name NOLAN, MICHAEL
Address 277 PARK AVENUE
City-State-Zip: NEW YORK NY 10172

Title CHAIR
Name EBERTS, SHARI
Address 201 EAST 80TH STREET
City-State-Zip: NEW YORK NY 10075

Title SECRETARY
Name HARRIS, ROGER
Address 265 DANS HIGHWAY
City-State-Zip: NEW CANAAN CT 06840-2506

Title COUNCILREPRESENTATIVE
Name DUBNO, JUDY
Address 135 RUTLEDGE AVENUE
City-State-Zip: CHARLESTON SC 29425

Title DIRECTOR
Name BOUCAI, ROBERT
Address 505 FIFTH AVENUE 16TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name GINZBURG, REBECCA
Address 501 MADISON AVENUE 10TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title CHAIRMAN
Name KEITHLEY, ELIZABETH
Address 19918 ELFIN FOREST ROAD
City-State-Zip: ESCONDIDO CA 92029

Title DIRECTOR
Name ORLIN, PAUL E
Address 666 FIFTH AVENUE 34TH FLOOR
City-State-Zip: NEW YORK NY 10103

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VERONICA MORENO**REGULATORY
COMPLIANCE****01/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT/ASSISTANT SECRETARY
Name DEHGAN, NADINE
Address 363 SEVENTH AVENUE 10TH FLOOR
 10TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name MANJA, VANI
Address 900 RIDGEBURY ROAD
City-State-Zip: RIDGEFIELD CT 06877

Title DIRECTOR
Name HAYNES, DAVID
Address 1211 MEDICAL CENTER DRIVE
City-State-Zip: NASHVILLE TN 37232

Title ASSISTANT TREASURER
Name MORENO , VERONICA
Address 363 SEVENTH AVENUE 10TH FLOOR
City-State-Zip: NEW YORK NY 10001