Electronic Signature of Signing Officer/Director Detail

# 2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841118

Entity Name: HEARING HEALTH FOUNDATION, INC.

#### **Current Principal Place of Business:**

575 8TH AVENUE, SUITE 1201 NEW YORK, NY 10018

### **Current Mailing Address:**

11786 COORSGOLD LANE NORTHRIDGE, CA 91326 US

### FEI Number: 13-1882107

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

| TALLAHASSEE, FL 32301 US   |
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|  |
| 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:

| Officer/Director Detail : |                            |                 |   |  |  |
|---------------------------|----------------------------|-----------------|---|--|--|
| Title                     | DIRECTOR                   | Title           | TREASURER   |  |  |
| Name                      | HARRIS, ROGER              | Name            | BOUCAI, ROBERT                                    |  |  |
| Address                   | 265 DANS HIGHWAY           | Address         | 505 FIFTH AVENUE 16TH FLOOR                       |  |  |
| City-State-Zip:           | NEW CANAAN CT 06840-2506   | City-State-Zip: | NEW YORK NY 10017                                 |  |  |
| Title                     | IMMEDIATE PAST CHAIR       | Title           | VC  |  |  |
| Name                      | KEITHLEY, ELIZABETH        | Name            | ORLIN, PAUL E                                     |  |  |
| Address                   | 19918 ELFIN FOREST ROAD    | Address         | 595 MADISON AVENUE                                |  |  |
| City-State-Zip:           | ESCONDIDO CA 92029         | City-State-Zip: | NEW YORK NY 10022                                 |  |  |
| Title                     | PRESIDENT                  | Title           | ASSISTANT TREASURER                               |  |  |
| Name                      | HIGDON, TIMOTHY L.         | Name            | DISLA, NOEMI                                      |  |  |
| Address                   | 575 8TH AVENUE, SUITE 1201 | Address         | 575 8TH AVENUE, SUITE 1201                        |  |  |
| City-State-Zip:           | NEW YORK NY 10018          | City-State-Zip: | NEW YORK NY 10018                                 |  |  |
| Title                     | DIRECTOR                   | Title           | DIRECTOR  |  |  |
| Name                      | BOCCARD, SOPHIA            | Name            | LAWLWANI, ANIL K.                                 |  |  |
| Address                   | 575 8TH AVENUE, SUITE 1201 | Address         | 173 FORT WASHINGTON AVENUE<br>3RD FLOOR, ROOM 603 |  |  |
| City-State-Zip:           | NEW YORK NY 10018          | City-State-Zip: | NEW YORK NY 10032                                 |  |  |

#### Continues on page 2

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: NOEMI DISLA

ASSISTANT TREASURER 01/24/2024

Date

FILED Jan 24, 2024 Secretary of State 8773897629CC

Certificate of Status Desired: Yes

Date

## Officer/Director Detail Continued :

| Title           | DIRECTOR                   | Title           | CHAIR                      |
|-----------------|----------------------------|-----------------|----------------------------|
| Name            | FRANK, JASON V.            | Name            | DILLARD, JOHN T.           |
| Address         | 575 8TH AVENUE, SUITE 1201 | Address         | 555 DYER ROAD CODE         |
| City-State-Zip: | NEW YORK NY 10018          | City-State-Zip: | MONTEREY CA 93943          |
| Title           | DIRECTOR                   | Title           | CHAIRMAN                   |
| Name            | FRANK, JASON               | Name            | GRUSHKIN, JAY              |
| Address         | 575 8TH AVENUE, SUITE 1201 | Address         | 575 8TH AVENUE, SUITE 1201 |
| City-State-Zip: | NEW YORK NY 10018          | City-State-Zip: | NEW YORK NY 10018          |
| Title           | DIRECTOR                   | Title           | DIRECTOR                   |
| Name            | KOPCZYNSKI, CARY           | Name            | YOUNG, NANCY               |
| Address         | 575 8TH AVENUE, SUITE 1201 | Address         | 225 E. CHICAGO AVE, #25    |
| City-State-Zip: | NEW YORK NY 10018          | City-State-Zip: | CHICAGO IL 60611           |
| <b>T</b> :41 -  |                            | Title           | DIRECTOR                   |
| Title           |                            | Name            | SHANNON, ROBERT V.         |
| Name            | KUJAWA, SHARON G           | Address         | 575 8TH AVENUE, SUITE 1201 |
| Address         | 10 PAGE ROAD               | City-State-Zip: | ,                          |
| City-State-Zip: | BEDFORD MA 01730           | ony-onate-zip.  |                            |
| Title           | SECRETARY                  |                 |                            |
| Name            | DUBNO, JUDY                |                 |                            |
| Address         | 575 8TH AVENUE, SUITE 1201 |                 |                            |
|                 |                            |                 |                            |

City-State-Zip: NEW YORK NY 10018