

**2022 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 COORS GOLD LANE  
NORTHRIDGE, CA 91326 US**FEI Number: 13-1882107****Certificate of Status Desired: Yes****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 SECRETARY  
Name NOLAN, MICHAEL  
Address 277 PARK AVENUE  
City-State-Zip: NEW YORK NY 10172

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

Title VC  
Name ORLIN, PAUL E  
Address 595 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

Title ASSISTANT TREASURER  
Name DISLA, NOEMI  
Address 575 8TH AVENUE, SUITE 1201  
City-State-Zip: NEW YORK NY 10018

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

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

Title PRESIDENT  
Name HIGDON, TIMOTHY L.  
Address 575 8TH AVENUE, SUITE 1201  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name BOCCARD, SOPHIA  
Address 575 8TH AVENUE, SUITE 1201  
City-State-Zip: NEW YORK NY 10018

**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 02/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name EATOCK, RUTH ANNE  
Address 5812 S. ELLIS STREET, ROOM 251  
City-State-Zip: CHICAGO IL 60637

Title DIRECTOR  
Name FRANK, JASON V.  
Address 575 8TH AVENUE, SUITE 1201  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name FRANK, JASON  
Address 575 8TH AVENUE, SUITE 1201  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name KOPCZYNSKI, CARY  
Address 575 8TH AVENUE, SUITE 1201  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name LAWLWANI, ANIL K.  
Address 173 FORT WASHINGTON AVENUE  
3RD FLOOR, ROOM 603  
City-State-Zip: NEW YORK NY 10032

Title CHAIR  
Name DILLARD, JOHN T.  
Address 555 DYER ROAD CODE  
City-State-Zip: MONTEREY CA 93943

Title DIRECTOR  
Name GRUSHKIN, JAY  
Address 575 8TH AVENUE, SUITE 1201  
City-State-Zip: NEW YORK NY 10018