

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16354

**Entity Name:** STARKEY HEARING FOUNDATION, INC.**Current Principal Place of Business:**6700 WASHINGTON AVE S.  
EDEN PRAIRIE, MN 55344**Current Mailing Address:**17850 KENWOOD TRAIL  
SUITE 219  
LAKEVILLE, MN 55044 US**FEI Number:** 36-3297852**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC  
11380 PROSPERITY FARMS ROAD, #221E  
PALM BEACH GARDENS, FL 33410 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 DIRECTOR  
Name THEISS, BRIAN  
Address 4360 PARK TERRACE DRIVE, SUITE  
160  
City-State-Zip: WESTLAKE VILLAGE CA 91361

Title SECRETARY  
Name PACE, SHARA  
Address 17850 KENWOOD TRAIL  
SUITE 219  
City-State-Zip: LAKEVILLE MN 55044

Title DIRECTOR, PRESIDENT  
Name BROWN, RICHARD  
Address 6700 WASHINGTON AVE S  
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR  
Name HOPPS, BENJAMIN  
Address 6700 WASHINGTON AVE S  
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR  
Name UNTERTHINER, RUDI DR.  
Address 6700 WASHINGTON AVE. S  
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR, TREASURER  
Name PAPINEAU, JEFF  
Address 6700 WASHINGTON AVE. S.  
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR  
Name PAUL, NASH DR.  
Address 6700 WASHINGTON AVE S  
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR  
Name SCHOENBORNE, RANDY  
Address 6700 WASHINGTON AVE S  
City-State-Zip: EDEN PRAIRIE MN 55344

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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:** SHARA L. PACE**SECRETARY****03/06/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR, VP  
Name                TULACH, ELIZABETH  
Address             6700 WASHINGTON AVE S  
City-State-Zip:    EDEN PRAIRIE MN 55344

Title                 DIRECTOR  
Name                HARTFORD, EARL DR.  
Address             6700 WASHINGTON AVE. S.  
City-State-Zip:    EDEN PRAIRIE MN 55344