**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 13, 2016**
**Secretary of State**
**CC1302873952**

DOCUMENT# P16354

**Entity Name:** STARKEY HEARING FOUNDATION, INC.

**Current Principal Place of Business:**

6700 WASHINGTON AVE S.
EDEN PRAIRIE, MN 55344

**Current Mailing Address:**

9946 E. BANKHEAD HIGHWAY
ALEDO, TX 76008 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 | UNTERTHINER, RUDI DR. |
| Address | 6700 WASHINGTON AVE. S |
| City-State-Zip: | EDEN PRAIRE 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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|---|---|
| Title | SECRETARY |
| Name | PACE, SHARA |
| Address | 9946 E. BANKHEAD HIGHWAY |
| City-State-Zip: | ALEDO TX 76008 |

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

**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: SHARA L. PACE SECRETARY 04/13/2016

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

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