

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004053

FILED
Apr 22, 2009
Secretary of State

Entity Name: GN HEARING CARE CORPORATION

Current Principal Place of Business:

2601 PATRIOT BLVD
GLENVIEW, IL 60026 US

New Principal Place of Business:

Current Mailing Address:

2601 PATRIOT BLVD
GLENVIEW, IL 60026 US

New Mailing Address:

FEI Number: 77-0019588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURRAY, TODD
Address: 2601 PATRIOT BLVD
City-St-Zip: GLENVIEW, IL 60026 US

Title: P () Delete
Name: CHRIST, BJORN
Address: 8001 BLOOMINGTON PARKWAY
City-St-Zip: BLOOMINGTON, MN 55420 US

Title: CLOV () Delete
Name: KASHER, JOHN S
Address: 2601 PATRIOT BLVD
City-St-Zip: GLENVIEW, IL 60026 US

Title: COO () Delete
Name: SWANSON, RICHARD
Address: 8001 BLOOMINGTON PARKWAY
City-St-Zip: BLOOMINGTON, MN 55420

Title: V () Delete
Name: MEEKIN, BOB
Address: 8001 BLOOMINGTON PARKWAY
City-St-Zip: BLOOMINGTON, MN 55420

Title: V () Delete
Name: TSUCHIYA, BRIAN
Address: 8001 BLOOMINGTON PARKWAY
City-St-Zip: BLOOMINGTON, MN 55420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GIAMPAOLO, PAUL
Address: 8001 BLOOMINGTON PARKWAY
City-St-Zip: BLOOMINGTON, MN 55420 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEWIS, KEITH
Address: 8001 BLOOMINGTON PARKWAY
City-St-Zip: BLOOMINGTON, MN 55420

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN KASHER

VP

04/22/2009

Electronic Signature of Signing Officer or Director

Date