

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91599 001 \*\*\*70.00

DOCUMENT # P16354

1. Entity Name

STARKEY HEARING FOUNDATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6700 WASHINGTON AVE. SO.

6700 WASHINGTON AVE. SO.

City & State

City & State

MINNEAPOLIS, MN

MINNEAPOLIS, MN

Zip

Country

Zip

Country

55344

USA

55344

USA

4. FEI Number

Applied For

Not Applicable

36-3297852

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SEGAL, PATRICIA C.

Street Address (P.O. Box Number is Not Acceptable)

336 CORAL WAY

City

FT LAUDERDALE

FL

Zip Code

33301

**DO NOT WRITE  
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MICHAEL BURTON  
STREET ADDRESS 1355. LA SALLE ST.  
CITY-ST-ZIP CHICAGO. IL 60603

TITLE VP  
NAME PAULA BONILLAS  
STREET ADDRESS ROUTE 1 BOX 161-B  
CITY-ST-ZIP INGLESIDE, TX 78362-0500

TITLE ST  
NAME TANI AUSTIN  
STREET ADDRESS 6700 WASHINGTON AVE. SO.  
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE D  
NAME JOHN J. GORRA  
STREET ADDRESS 14133 SHADY BEACH TRAIL  
CITY-ST-ZIP PRIOR LAKE, MN 55372

TITLE D  
NAME TERESA MEYER  
STREET ADDRESS 4523 STEVENS AVE.  
CITY-ST-ZIP MINNEAPOLIS, MN 55409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TANI AUSTIN

05-15-02 952-941-6401

CR2E037B (12/01)