


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P16354 1. Entity Name STARKEY HEARING FOUNDATION, INC.	
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Principal Place of Business 6700 WASHINGTON AVE SO MINNEAPOLIS, MN 55344	Mailing Address 6700 WASHINGTON AVE SO MINNEAPOLIS, MN 55344
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 36-3297852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

SEGAL, PATRICIA C
336 CORAL WAY
FT LAUDERDALE, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000219991 02/08/05-80048-025 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURTON, MICHAEL 6850 W 63RD ST CHICAGO, IL 60683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AUSTIN, TANI 6700 WASHINGTON AVE SO EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNTERTHINER, RUDI 72111 CLANCY LANE RANCHO MIRAGE, CA 92270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSMOND, JUSTIN 643 EAST 30 N EPHRAIM, UT 84627
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED WRIGHT, DEBBIE 3418 MIDCOURT RD, STE 102 CARROLLTON, TX 75006
TITLE NAME STREET ADDRESS 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debbie Wright 1.25.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #