2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P16354

Apr 08, 2003 Secretary of State

Entity Name: STARKEY HEARING FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6700 WASHINGTON AVE SO MINNEAPOLIS, MN 55344 **Current Mailing Address: New Mailing Address:** 6700 WASHINGTON AVE SO MINNEAPOLIS, MN 55344 FEI Number: 36-3297852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEGAL, PATRICIA C 336 CORAL WAY FT LAUDERDALE, FL 33301 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BONILLAS, PAULA Name: Name: RT 1 BOX 161-B Address: Address: City-St-Zip: INGLESIDE, TX 783620500 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: BURTON, MICHAEL Name: Address: 135 S LASALLE ST Address: City-St-Zip: CHICAGO, IL 60603 City-St-Zip: Title: () Delete Title: () Change () Addition AUSTIN, TANI Name: Name: 6700 WASHINGTON AVE SO Address: Address: City-St-Zip: EDEN PRAIRIE, MN 55344 City-St-Zip: Title: () Delete Title: (X) Change () Addition GORRA, JOHN J Name: Name: UNTERTHINER, RUDI 14133 SHADY BEACH TRAIL Address: Address: 72111 CLANCY LANE City-St-Zip: PRIOR LAKE, MN 55372 City-St-Zip: RANCHO MIRAGE, CA 92270 Title: Title: (X) Delete () Change () Addition MEYER, TERESA Name: Name: 4523 STEVENS AVE Address: Address: MINNEAPOLIS, MN 55409 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TANI AUSTIN ST 04/08/2003