

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90047 035 ***158.75

DOCUMENT # P19032

1. Entity Name
STARKEY LABORATORIES, INC.



Principal Place of Business
**6600 WASHINGTON AVENUE SOUTH
EDEN PRAIRIE, MN 55344**

Mailing Address
**6600 WASHINGTON AVENUE SOUTH
EDEN PRAIRIE, MN 55344**

40005337



01082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
41-0913126

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GUGGENBERGER, KEITH
6700 WASHINGTON AVE. S.
EDEN PRAIRIE, MN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
NELSON, SCOTT
6700 WASHINGTON AVE. SO.
EDEN PRAIRIE, MN 55344 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MILLER, LAWRENCE W
6700 WASHINGTON AVE. S.
EDEN PRAIRIE, MN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
NOLAN, MICHAEL
6700 WASHINGTON AVE. SO.
EDEN PRAIRIE, MN 55344 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
VICORIAN, THOMAS A
6700 WASHINGTON AVE S.
EDEN PRAIRIE, MN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
TRINE, TIM
6700 WASHINGTON AVE. SO.
EDEN PRAIRIE, MN 55344 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RUZICKA, JEROME
6700 WASHINGTON AVE S.
EDEN PRAIRIE, MN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
DUCHSCHER, ROBERT
6700 WASHINGTON AVE. SO.
EDEN PRAIRIE, MN 55344 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BREMER, JAMES
6700 WASHINGTON AVE S
EDEN PRAIRIE, MN ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MUSSELL, SUSAN
SECRETARY
6700 WASHINGTON AVE. SO.
EDEN PRAIRIE, MN 55344 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
AUSTIN, WILLIAM F
6700 WASHINGTON AVE S
EDEN PRAIRIE, MN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with address, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE W. MILLER

Date

Daytime Phone #

1/9/07 952-941-6401