

1.) CORPORATION NAME:

Starkey Hearing Foundation

DUE DATE: **5/31/2011**

SCC ID NO: **F1509233**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATE CREATIONS NETWORK INC

4445 CORPORATION LN 2ND FL

VIRGINIA BEACH, VA 23462

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6700 WASHINGTON AVE SOUTH

CITY/ST/ZIP: EDEN PRAIRIE, MN 55344-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JEFF PAPINEAU
TITLE: TREASURER
ADDRESS: 4448 S SNOOKY ROAD
CITY/ST/ZIP/CO: SOUTH RANGE, WI 54874-

OFFICER

DIRECTOR

NAME: BRADY FORSETH
TITLE: EXECUTIVE DIR
ADDRESS: 6700 WASHINGTON AVENUE
CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-

OFFICER

DIRECTOR

NAME: DR RUDI UNTERTHINER
TITLE: DIRECTOR
ADDRESS: 213 SAILORS RUN
CITY/ST/ZIP/CO: LAKEWAY, TX 78734-

OFFICER

DIRECTOR

NAME: BRIAN THEISS
TITLE: DIRECTOR
ADDRESS: 4360 PARK TERRACE DRIVE, SUITE 160
CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91361-

OFFICER

DIRECTOR

NAME: RACHEL KUIKEN
TITLE: SECRETARY
ADDRESS: 6700 WASHINGTON AVE SOUTH
CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER LECY PRESIDENT 6700 WASHINGTON AVENUE SOUTH EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL NASH VICE PRESIDENT 965 BAYSIDE LANE MINNETRISTA, MN 55364-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BEN HOPPS DIRECTOR 300 ESPLANADE DRIVE, 10TH FL OXNARD, CA 93036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN SAWALICH EXECUTIVE DIREC 6700 WASHINGTON AVENUE SOUTH EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN SPILKER CFO 6700 WASHINGTON AVENUE SOUTH EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RACHEL KUIKEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RACHEL KUIKEN. SECRETARY PRINTED NAME AND CORPORATE TITLE	1/9/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			