

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212520428

1.) CORPORATION NAME:

DUE DATE: **5/31/2012**

Starkey Hearing Foundation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1509233**

**CORPORATE CREATIONS NETWORK INC
4445 CORPORATION LN 2ND FL
VIRGINIA BEACH, VA 23462**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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:	PETER LECY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6700 WASHINGTON AVENUE SOUTH		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55344		

NAME:	PAUL NASH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	965 BAYSIDE LANE		
CITY/ST/ZIP/CO:	MINNETRISTA, MN 55364		

NAME:	RACHEL KUIKEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6700 WASHINGTON AVE SOUTH		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55344		

NAME:	JEFF PAPINEAU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4448 S SNOOKY ROAD		
CITY/ST/ZIP/CO:	SOUTH RANGE, WI 54874		

NAME:	BRADY FORSETH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE DIR		
ADDRESS:	6700 WASHINGTON AVENUE		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55344		

NAME:	STEVEN SAWALICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE DIREC		
ADDRESS:	6700 WASHINGTON AVENUE SOUTH		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55344		

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
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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
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN THEISS DIRECTOR 4360 PARK TERRACE DRIVE, SUITE 160 WESTLAKE VILLAGE, CA 91361	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR RUDI UNTERTHINER DIRECTOR 213 SAILORS RUN LAKEWAY, TX 78734	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ PETER LECY	PETER LECY, PRESIDENT	5/31/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.