

1.) CORPORATION NAME:

DUE DATE: **5/31/2013**

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**

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:	Richard Brown	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6700 WASHINGTON AVENUE SOUTH		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55344		
NAME:	PAUL NASH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	965 BAYSIDE LANE		
CITY/ST/ZIP/CO:	MINNETRISTA, MN 55364		
NAME:	JEFF PAPINEAU	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4448 S SNOOKY ROAD		
CITY/ST/ZIP/CO:	SOUTH RANGE, WI 54874		
NAME:	Shara Pace	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	17850 Kenwood Trail Suite 219		
CITY/ST/ZIP/CO:	Lakeville, MN 55044		
NAME:	BEN HOPPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 ESPLANADE DRIVE, 10TH FL		
CITY/ST/ZIP/CO:	OXNARD, CA 93036		
NAME:	BRIAN THEISS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4360 PARK TERRACE DRIVE, SUITE 160		
CITY/ST/ZIP/CO:	WESTLAKE VILLAGE, CA 91361		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR RUDI UNTERTHINER DIRECTOR 406 Cornoa Del Mar Santa Barbara, CA 93140	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Elizabeth Tulach VICE PRESIDENT 2146 Henley St. Glenview, IL 60025	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Earl Harford DIRECTOR 2003 East Singing Bow Way Oro Valley, AZ 85755	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Randy Schoenborn DIRECTOR 900 Polo Club Dr. Austin, TX 78738	<input type="checkbox"/> OFFICER	<input checked="" 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/ Shara Pace	Shara Pace, SECRETARY	4/16/2013	
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.			