

1.) CORPORATION NAME:

DUE DATE: **5/31/2016**

Starkey Hearing Foundation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1509233**

**CORPORATE CREATIONS NETWORK INC
6802 PARAGON PLACE SUITE 410
RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

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 TITLE: PRESIDENT ADDRESS: 6700 WASHINGTON AVENUE SOUTH CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELIZABETH TULACH TITLE: VICE PRESIDENT ADDRESS: 2146 HENLEY ST. CITY/ST/ZIP/CO: GLENVIEW, IL 60025	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFF PAPINEAU TITLE: TREASURER ADDRESS: 4448 S SNOOKY ROAD CITY/ST/ZIP/CO: SOUTH RANGE, WI 54874	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHARA PACE TITLE: SECRETARY ADDRESS: 17850 KENWOOD TRAIL SUITE 219 CITY/ST/ZIP/CO: LAKEVILLE, MN 55044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: EARL HARFORD TITLE: DIRECTOR ADDRESS: 2003 EAST SINGING BOW WAY CITY/ST/ZIP/CO: ORO VALLEY, AZ 85755	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BEN HOPPS TITLE: DIRECTOR ADDRESS: 300 ESPLANADE DRIVE, 10TH FL CITY/ST/ZIP/CO: OXNARD, CA 93036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: PAUL NASH TITLE: DIRECTOR ADDRESS: 965 BAYSIDE LANE CITY/ST/ZIP/CO: MINNETRISTA, MN 55364	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RANDY SCHOENBORN TITLE: DIRECTOR ADDRESS: 900 POLO CLUB DR. CITY/ST/ZIP/CO: AUSTIN, TX 78738	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DR RUDI UNTERTHINER TITLE: DIRECTOR ADDRESS: 406 CORNOA DEL MAR CITY/ST/ZIP/CO: SANTA BARBARA, CA 93140	<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	5/27/2016
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.		