

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAR 16 AM 11:02

**DOCUMENT # F93000004101 (2)**

1. Corporation Name

**THE CHILDCARE REGISTRY, INC.**

Principal Place of Business

3494 CAMINO TASSAJARA ROAD, SUITE 243  
DANVILLE CA 94506

Mailing Address

3494 CAMINO TASSAJARA ROAD, SUITE 243  
DANVILLE CA 94506

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

03/30/1994

4. FEI Number

68-0294982

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes

No

2. Principal Place of Business

21

2a. Mailing Address

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23

27 City & State

28

24 Zip

Country

25

29 Zip

Country

30

9. Name and Address of Current Registered Agent

STEIN, ELLIOT D CPA  
2131 HOLLYWOOD BLVD., SUITE 505  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: CPT  
NAME: TAUSCHER, ELLEN O  
STREET ADDRESS: 3494 CAMINO TASSAJARA ROAD, SUITE 243  
CITY- ST- ZIP: DANVILLE CA 94506

TITLE: DS  
NAME: DEBENE, LINDA ESQ  
STREET ADDRESS: 4135 BLACKHAWK PLAZA CIRCLE, SUITE 200  
CITY- ST- ZIP: DANVILLE CA 94506

TITLE: D  
NAME: KESZKOWSKI, KATHERINE  
STREET ADDRESS: 137 SEELEY AVE  
CITY- ST- ZIP: KEARNY NY

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY- ST- ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY- ST- ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY- ST- ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: \_\_\_\_\_  Change  Addition  
1.2 NAME: \_\_\_\_\_  
1.3 STREET ADDRESS: \_\_\_\_\_  
1.4 CITY- ST- ZIP: \_\_\_\_\_

2.1 TITLE: DIRECTOR  Change  Addition  
2.2 NAME: SALLY O'KANE  
2.3 STREET ADDRESS: 2287 WINDSOR AVE.  
2.4 CITY- ST- ZIP: ROME RIVER, N.S. 08753

3.1 TITLE: \_\_\_\_\_  Change  Addition  
3.2 NAME: \_\_\_\_\_  
3.3 STREET ADDRESS: \_\_\_\_\_  
3.4 CITY- ST- ZIP: \_\_\_\_\_

4.1 TITLE: \_\_\_\_\_  Change  Addition  
4.2 NAME: \_\_\_\_\_  
4.3 STREET ADDRESS: \_\_\_\_\_  
4.4 CITY- ST- ZIP: \_\_\_\_\_

5.1 TITLE: \_\_\_\_\_  Change  Addition  
5.2 NAME: \_\_\_\_\_  
5.3 STREET ADDRESS: \_\_\_\_\_  
5.4 CITY- ST- ZIP: \_\_\_\_\_

6.1 TITLE: \_\_\_\_\_  Change  Addition  
6.2 NAME: \_\_\_\_\_  
6.3 STREET ADDRESS: \_\_\_\_\_  
6.4 CITY- ST- ZIP: \_\_\_\_\_

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ellen Tauscher*

3/8/95 510  
248  
41-00