

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90161 039 ***150.00

DOCUMENT # F94000005445

1. Entity Name

KINDERCARE REAL ESTATE CORP.

Principal Place of Business

Mailing Address

650 NE HOLLADAY
 SUITE 1400 - TAX DEPT
 PORTLAND OR 97232
 US

650 NE HOLLADAY
 SUITE 1400 - TAX DEPT
 PORTLAND OR 97232-2096
 US

711612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1120501

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating).

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 *inlay* Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	JOHNSON, DAVID J	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	V	<input type="checkbox"/> Delete
NAME	VEORETZ, BETH A	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	V	<input type="checkbox"/> Delete
NAME	WALTER, BRUCE A	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRIPALANI, EVA M	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	VT	<input type="checkbox"/> Delete
NAME	JACKSON, DAN R	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROBAROS, WILLIAM O JR	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	UGORETZ, BETH A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	WALTERS, BRUCE A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	ROBERT ABELES	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David A. Benedict* **DAVID A. BENEICT, V.P. TAX** (503) 872-1376
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #