

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90054 030 ***158.75

0605750

DOCUMENT # F95000000856

1. Entity Name
KINDERCARE DEVELOPMENT CORP., INC.

Principal Place of Business 650 NE HOLLADAY SUITE 1400 PORTLAND OR 97232 US	Mailing Address 650 NE HOLLADY SUITE 1400 - TAX DEPT PORTLAND OR 97232 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 63-1086588	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JOHNSON, DAVID J 650 NE HOLLADY, SUITE 1400 PORTLAND OR 97232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V UGORETZ, BETH A 650 NE HOLLADAY, SUITE 1400 PORTLAND OR 97232	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KRIPALANI, EVA M 650 NE HOLLADAY, SUITE 1400 PORTLAND OR 97232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTERS, BRUCE A 650 NE HOLLADAY, SUITE 1400 PORTLAND OR 97232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACKSON, DAN R 650 NE HOLLADAY, SUITE 1400 PORTLAND OR 97232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABELES, ROBERT 650 NE HOLLADAY, SUITE 1400 PORTLAND OR 97232	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT, TAX DAVID A. BENEDICT 650 NE HOLLADAY, SUITE 1400 PORTLAND, OR 97232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David A. Benedict **DAVID A. BENEDICT V.A.TAX** 3/8/01 (503) 876-1476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

KC Development Corporation
Officer Listing

Attachment #
F95000000856
515221

3/9/01

David J. Johnson

President

Business Address

KinderCare Learning Centers, Inc.
650 NE Holladay, Suite 1400
Portland, OR 97232

Robert Abeles

Executive Vice President & Chief Financial Officer

Business Address

KinderCare Learning Centers, Inc.
650 NE Holladay, Suite 1400
Portland, OR 97232

Bruce A. Walters

Senior Vice President & Chief Development Officer

Business Address

KinderCare Learning Centers, Inc.
650 NE Holladay, Suite 1400
Portland, OR 97232

David A. Benedict

Vice President, Tax

Business Address

KinderCare Learning Centers, Inc.
650 NE Holladay, Suite 1400
Portland, OR 97232

Dan R. Jackson

Vice President and Treasurer

Business Address

KinderCare Learning Centers, Inc.
650 NE Holladay, Suite 1400
Portland, OR 97232

Eva M. Kripalani

Vice President and Secretary

Business Address

KinderCare Learning Centers, Inc.
650 NE Holladay, Suite 1400
Portland, OR 97232

KC Development Corporation
Officer Listing

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Joseph W. Keough
Vice President, Real Estate

Business Address
KinderCare Learning Centers, Inc.
650 NE Holladay, Suite 1400
Portland, OR 97232

KC Development Corporation
Board of Directors Listing

3/9/01

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David J. Johnson - Chairman

Business Address

KinderCare Learning Centers, Inc.
650 NE Holladay, Suite 1400
Portland, OR 97232
