

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

**APPROVED
AND
FILED**

55 MAY 16 AM 8:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F94000006380 (9)

1. Corporation Name

CHILDREN'S DISCOVERY CENTERS OF AMERICA, INC.

Principal Place of Business

**851 IRWIN ST., STE 200
SAN RAFAEL CA 94901**

Mailing Address

**851 IRWIN ST., STE 200
SAN RAFAEL CA 94901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/14/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
06-1097006

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301**

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 607.0503, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD
NAME	NIGLIO, RICHARD A
STREET ADDRESS	851 IRWIN ST., STE 200
CITY, ST, ZIP	SAN RAFAEL CA
TITLE	VTD
NAME	TRUELOVE, RANDALL J
STREET ADDRESS	851 IRWIN ST., STE 200
CITY, ST, ZIP	SAN RAFAEL CA
TITLE	D
NAME	YALOW, ELANNA S
STREET ADDRESS	851 IRWIN ST., STE 200
CITY, ST, ZIP	SAN RAFAEL CA
TITLE	SD
NAME	DEVINE, FRANK A
STREET ADDRESS	851 IRWIN ST., STE 200
CITY, ST, ZIP	SAN RAFAEL CA
TITLE	D
NAME	MCDOWELL JR, W W
STREET ADDRESS	851 IRWIN ST., STE 200
CITY, ST, ZIP	SAN RAFAEL CA
TITLE	D
NAME	KAUFMANN, ROBERT E
STREET ADDRESS	851 IRWIN ST., STE 200
CITY, ST, ZIP	SAN RAFAEL CA

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	V/T
2.3 STREET ADDRESS	TrueLove, Randall J
2.4 CITY, ST, ZIP	851 Irwin St., Ste 200
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	San Rafael, CA 94901
3.3 STREET ADDRESS	V
3.4 CITY, ST, ZIP	Yalow, Elanna S.
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	851 Irwin St., Ste 200
4.3 STREET ADDRESS	San Rafael, CA 94901
4.4 CITY, ST, ZIP	S
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	Devine, Frank A
5.3 STREET ADDRESS	851 Irwin St., Ste 200
5.4 CITY, ST, ZIP	San Rafael, CA 94901
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

Frank Devine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/95

(415) 257-4200