

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90004 004 ***150.00

DOCUMENT # F93000001356

1. Corporation Name

BRIGHT HORIZONS CHILDREN'S CENTERS, INC.



Principal Place of Business

Mailing Address

ONE KENDALL SQUARE, BLDG 200
CAMBRIDGE MA 02139
US

ONE KENDALL SQUARE, BLDG 200
CAMBRIDGE MA 02139
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1993

4. FEI Number

04-2949680

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PALMNTATION FL 33324

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEKENSTEIN, JOSHUA	
STREET ADDRESS	TWO COPLEY PLACE	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENSON, ROBERT S	
STREET ADDRESS	32177 HWY 103	
CITY-ST-ZIP	EVERGREEN CO	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BROWN, ROGER H	
STREET ADDRESS	ONE KENDALL SQUARE, BLDG 200	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MASON, LINDA A	
STREET ADDRESS	ONE KENDALL SQUARE, BLDG 200	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DREIER, STEPHEN	
STREET ADDRESS	70 BISHOP ROAD	
CITY-ST-ZIP	SHARON MA 02087	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARIZEAU, ERNEST	
STREET ADDRESS	40 WILLIAM ST STE 305	
CITY-ST-ZIP	WELLESLEY MA	

1.1 TITLE	CHIEF EXECUTIVE OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARGUERITE SALEE	
1.3 STREET ADDRESS	209 TENTH AVE S. SUITE 300	
1.4 CITY-ST-ZIP	NASHVILLE, TN 37203	
2.1 TITLE	CHIEF FINANCIAL OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL HOGREFE	
2.3 STREET ADDRESS	209 TENTH AVE S.	
2.4 CITY-ST-ZIP	NASHVILLE, TN 37203	
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROGER BROWN	
3.3 STREET ADDRESS	ONE KENDALL SQ. BLDG 200	
3.4 CITY-ST-ZIP	CAMBRIDGE, MA 02139	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99

Date

Daytime Phone #

617-577-8020

CR2E034 (1/98)