

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F93000001356**  
 1. Entity Name  
**Bright Horizons Children's Centers, Inc.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 SEP 25 PM 3:14

Principal Place of Business Mailing Address  
**200 Talcott Ave. South** **P.O. Box 9177**  
**Watertown, MA 02472** **Watertown, MA**  
**02471-9177**

2. Principal Place of Business 3. Mailing Address  
**200 Talcott Ave. South** **P.O. Box 9177**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Watertown, MA** **Watertown, MA**  
 Zip Country Zip Country  
**02472** **USA** **02471-9177** **USA**

4. FEI Number Applied For  
**042949680** Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CT 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 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>President</b>	<b>Roger Brown</b>	<b>One Kendall Sq, Bldg 200</b>	
			<b>Cambridge, MA 02139</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>CEO</b>	<b>Michael Hogrefe</b>	<b>209 Tenth Avenue South</b>	
			<b>Nashville, TN 37203</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>Secretary</b>	<b>Stephen Dreier</b>	<b>70 Bishop Road</b>	
			<b>Sharon, MA 02067</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>CEO</b>	<b>Marguerite Sallee</b>	<b>209 Tenth Avenue South</b>	
			<b>Nashville, TN 37203</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>Director</b>	<b>Linda Mason</b>	<b>One Kendall Sq, Bldg 200</b>	
			<b>Cambridge, MA 02139</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>President * COO * Director</b>	<b>Mary Ann Tocio</b>	<b>200 Talcott Ave. South</b>	
			<b>Watertown, MA 02472</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>CEO * Director</b>	<b>Roger Brown</b>	<b>200 Talcott Ave. South</b>	
			<b>Watertown, MA 02472</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>CEO * Treasurer</b>	<b>Elizabeth Boland</b>	<b>200 Talcott Ave. South</b>	
			<b>Watertown, MA 02472</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>Secretary, VP * CAO * Director</b>	<b>Stephen Dreier</b>	<b>200 Talcott Ave. South</b>	
			<b>Watertown, MA 02472</b>	
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: **Mary Ann Tocio** **Mary Ann Tocio President, COO \* Director** **9/22/00** **617-673-8000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)