


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 DEC 16 PM 3:47

|   |   |
|---|---|
| DOCUMENT # F93000001356<br>1. Entity Name<br>BRIGHT HORIZONS CHILDREN'S CENTERS, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>200 TALCOTT AVE. SOUTH<br>WATERTOWN, MA 02472 US | Mailing Address<br>PO BOX 9177<br>WATERTOWN, MA 02741 |
|---|---|

REINSTATEMENT *04*



|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

12152004 REIN-P CR2E098 (6/04)

|              |              |                             |                               |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br>04-2949680 | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                         | Country                       |

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE *[Signature]* **Jeanine Reynolds as its agent** 12-16-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCOD<br>TOCIO, MARY ANN<br>200 TALCOTT AVE. SOUTH<br>WATERTOWN, MA 02472 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 200043610752<br>12/23/04--01029--023 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>**150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CFOT<br>BOLAND, ELIZABETH<br>200 TALCOTT AVE. SOUTH<br>WATERTOWN, MA 02472 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEOD<br>LISSY, DAVID<br>200 TALCOTT AVE. SOUTH<br>WATERTOWN, MA 02472 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVPD<br>DREIER, STEPHEN<br>200 TALCOTT AVE. S<br>WATERTOWN, MA 02472 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Stephen Dreier** 12/15/04 617-673-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #