

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2005 8:00 am
Secretary of State

06-10-2005 90001 004 ***150.00

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1. Entity Name
BRIGHT HORIZONS CHILDREN'S CENTERS, INC.



Principal Place of Business
**200 TALCOTT AVE. SOUTH
WATERTOWN, MA 02472 US**

Mailing Address
**PO BOX 9177
WATERTOWN, MA ~~02441~~
02471**

DO NOT WRITE IN THIS SPACE



06062005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-2949680

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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, 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
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCOD
NAME	TOCIO, MARY ANN
STREET ADDRESS	200 TALCOTT AVE. SOUTH
CITY-ST-ZIP	WATERTOWN, MA 02472
TITLE	CFOT
NAME	BOLAND, ELIZABETH
STREET ADDRESS	200 TALCOTT AVE. SOUTH
CITY-ST-ZIP	WATERTOWN, MA 02472
TITLE	CEOD
NAME	LISSY, DAVID
STREET ADDRESS	200 TALCOTT AVE. SOUTH
CITY-ST-ZIP	WATERTOWN, MA 02472
TITLE	SVPD
NAME	DREIER, STEPHEN
STREET ADDRESS	200 TALCOTT AVE. S
CITY-ST-ZIP	WATERTOWN, MA 02472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: STEPHEN DREIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/05 417-673-8000
Date Daytime Phone #