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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90159 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005445

1. Corporation Name
KINDERCARE REAL ESTATE CORP.

Principal Place of Business

650 NE HOLLADAY
SUITE 1400 - TAX DEPT
PORTLAND OR 97232
US

Mailing Address

650 NE HOLLADAY
SUITE 1400 - TAX DEPT
PORTLAND OR 97232
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1994

4. FEI Number

63-1120501

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324
561-277-1000

10. Name and Address of New Registered Agent

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

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	JOHNSON, DAVID J	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	VEORETZ	<input type="checkbox"/> DELETE
NAME	VEORETZ, BETH A	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	WALTERS	<input type="checkbox"/> DELETE
NAME	WALTER, BRUCE A	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KRIPALANI, EVA M	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	JACKSON, DAN R	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	V ROBAROS	<input type="checkbox"/> DELETE
NAME	ROBAROS, WILLIAM O JR	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. BENEDET

Date

(503) 871-1376

Daytime Phone #

CR2E034 (1/1/98)

KinderCare Real Estate Corp.
Officer Listing

389852-90159-27

#F9400005445

3/29/99

David J. Johnson
President

Business Address
KinderCare Learning Centers, Inc.
650 NE Holladay, Suite 1400
Portland, OR 97232

Beth A. Ugoretz
Executive Vice President and Assistant Secretary

Business Address
KinderCare Learning Centers, Inc.
650 NE Holladay, Suite 1400
Portland, OR 97232

Bruce A. Walters
Senior Vice President and Chief Development Office

Business Address
KinderCare Learning Centers, Inc.
650 NE Holladay, Suite 1400
Portland, OR 97232

Dan R. Jackson
Vice President and Treasurer

Business Address
KinderCare Learning Centers, Inc.
650 NE Holladay, Suite 1400
Portland, OR 97232

Eva M. Kripalani
Vice President and Secretary

Business Address
KinderCare Learning Centers, Inc.
650 NE Holladay, Suite 1400
Portland, OR 97232

David A. Benedict
Vice President of Corporate Tax

Business Address
KinderCare Learning Centers, Inc.
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KinderCare Real Estate Corp.

Officer Listing

3/29/99

William O. Robards, Jr.

Vice President, Real Estate

Business Address

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