FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAY 16 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006380 (9)

1. Corporation Name
CHILDREN'S DISCOVERY CENTERS OF AMERICA, INC.

Principal Place of Business	Mailing Address
851 IRWIN ST., STE 200 SAN RAFAEL CA 94901	851 IRWIN ST., STE 200 SAN RAFAEL CA 94901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 06-1097006 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) *FAX: Registered Agent signature required when mailing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	11 TITLE		☐ Change ☐ Addition
NAME	NIGLIO, RICHARD A	12 NAME		
STREET ADDRESS	851 IRWIN ST., STE 200	13 STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA	14 CITY-ST-ZIP		
TITLE	VTD	21 TITLE	V/T	☒ Change ☐ Addition
NAME	TRUELOVE, RANDALL J	22 NAME	Truelove, Randall J	
STREET ADDRESS	851 IRWIN ST., STE 200	23 STREET ADDRESS	851 Irwin St., Ste 200	
CITY-ST-ZIP	SAN RAFAEL CA	24 CITY-ST-ZIP	San Rafael, CA 9490]	
TITLE	D	31 TITLE	V	☒ Change ☐ Addition
NAME	YALOW, ELANNA S	32 NAME	Yalow, Elanna S.	
STREET ADDRESS	851 IRWIN ST., STE 200	33 STREET ADDRESS	851 Irwin St., Ste 200	
CITY-ST-ZIP	SAN RAFAEL CA	34 CITY-ST-ZIP	San Rafael, Ca 9490]	
TITLE	SD	41 TITLE	S	☒ Change ☐ Addition
NAME	DEVINE, FRANK A	42 NAME	Devine, Frank A	
STREET ADDRESS	851 IRWIN ST., STE 200	43 STREET ADDRESS	851 Irwin St., Ste 200	
CITY-ST-ZIP	SAN RAFAEL CA	44 CITY-ST-ZIP	San Rafael, CA 9490]	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MCDOWELL JR, W W	52 NAME		
STREET ADDRESS	851 IRWIN ST., STE 200	53 STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	KAUFMANN, ROBERT E	62 NAME		
STREET ADDRESS	851 IRWIN ST., STE 200	63 STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 5/9/95 (415)257-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401913 FP