

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90060 034 ***150.00

DOCUMENT # F94000006380

1. Entity Name

CHILDREN'S DISCOVERY CENTERS OF AMERICA, INC.

Principal Place of Business

**4340 REDWOOD HIGHWAY
 BLDG B
 SAN RAFAEL CA 94903
 US**

Mailing Address

**4340 REDWOOD HIGHWAY
 BLDG B
 SAN RAFAEL CA 94903
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1097006

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **YALOW, ELANNA S.**
 CITY-ST-ZIP **4340 REDWOOD HIGHWAY BLDG B
 SAN RAFAEL CA 94903**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **DEVINE, FRANK A**
 CITY-ST-ZIP **4340 REDWOOD HIGHWAY BLDG B
 SAN RAFAEL CA 94903**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KALINSKE, THOMAS**
 CITY-ST-ZIP **1350 OLD BAYSHORE HIGHWAY
 BURLINGAME CA 94010**

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **MARON, STANLEY**
 CITY-ST-ZIP **844 MORAGA DRIVE
 LOS ANGELES CA 90049**

TITLE ☐ Delete
 NAME **CEOD**
 STREET ADDRESS **PACKARD, RONALD**
 CITY-ST-ZIP **844 MORAGA DRIVE
 LOS ANGELES CA 90049**

TITLE ☐ Delete
 NAME **VPT**
 STREET ADDRESS **FULLER, MARK**
 CITY-ST-ZIP **4340 REDWOOD HWY BLDG B
 SAN RAFAEL CA 94903**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3351 EL CAMINO REAL, SUITE 200**
 CITY-ST-ZIP **MENLO PARK, CA 94027**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

FRANK A. SOTE

3-26-02 415 444-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0628556 AT

CR2E034 (9/01)