

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90090 013 ***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 # F95000000856

1. Corporation Name
KINDERCARE DEVELOPMENT CORP., INC.



Principal Place of Business 650 NE HOLLADAY SUITE 1400 PORTLAND OR 97232 US	Mailing Address 650 NE HOLLADAY SUITE 1400 - TAX DEPT PORTLAND OR 97232 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 02/21/1995	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 63-1086588	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	

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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DAVID J	1.2 NAME	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97232	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UGORETZ, BETH A	2.2 NAME	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97232	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIPALANI, EVA M	3.2 NAME	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97232	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, BRUCE A	4.2 NAME	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97232	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DAN R	5.2 NAME	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97232	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBARDS, WILLIAM O JR	6.2 NAME	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	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: DAVID A. BENEDICT DATE: _____ DAYTIME PHONE #: (503) 872-1376

CR2E034 (11/98)