

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90067 031 ***158.75

DOCUMENT # F95000000856

1. Entity Name

KINDERCARE DEVELOPMENT CORP., INC.

Principal Place of Business

Mailing Address

650 NE HOLLADAY
 SUITE 1400
 PORTLAND OR 97232
 US

650 NE HOLLADY
 SUITE 1400 - TAX DEPT
 PORTLAND OR 97232-2096
 US

80015070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1086588

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEOD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DAVID J	NAME	
STREET ADDRESS	650 NE HOLLADY, SUITE 1400	STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97232	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UGORETZ, BETH A	NAME	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97232	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIPALANI, EVA M	NAME	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97232	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, BRUCE A	NAME	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97232	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DAN R	NAME	
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97232	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBARDS, WILLIAM O JR	NAME	ROBERT ABILES
STREET ADDRESS	650 NE HOLLADAY, SUITE 1400	STREET ADDRESS	650 NE HOLLADAY, SUITE 1400
CITY-ST-ZIP	PORTLAND OR	CITY-ST-ZIP	PORTLAND, OR 97232

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: David A. Benedict, VP. DAVID A. BENEDICT V.P. (503) 872-1276
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #