

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000002908

FILED
Apr 09, 2012
Secretary of State

Entity Name: KINDERCARE LEARNING CENTERS LLC

Current Principal Place of Business:

650 NE HOLLADAY STREET, SUITE 1400
PORTLAND, OR 97232

New Principal Place of Business:

Current Mailing Address:

650 NE HOLLADAY STREET, SUITE 1400
PORTLAND, OR 97232

New Mailing Address:

FEI Number: 63-0941966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CFO
Name: DOWNES, ADRIAN J
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: CEO
Name: WYATT, TOM
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: EVP
Name: LARGE, ELIZABETH
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: EVP
Name: SOUTHERN, SHERI
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: VP
Name: PIPES, WAYNE
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: VP
Name: BENEDICT, DAVID A
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID A BENEDICT

VP

04/09/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date