2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 an
Secretary of State
02-08-2000 90048 015 ***158.75

DOCUMENT # P13072

1. Entity Name

KINDERCARE LEARNING CENTERS, INC.

Principal Place of Business	Mailing Address
650 NE HOLLADAY STE 1400 PORTLAND OR 97232 US	650 NE HOLLADAY STE 1400-TAX DEPT PORTLAND OR 97232-2096 US

DO NOT WRITE IN THIS SPACE

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 63-0941966 | Applied F / Not Appl...

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Added to Fee

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD JOHNSON, DAVID J. 650 N.E. HOLLADAY, STE 1400 PORTLAND OR 97232	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WALTERS, BRUCE A 650 NE HOLLADAY , STE 1400 PORTLAND OR 97232	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS EVA KRIPALANI, EVE M 650 NE HOLLADAY, STE 1400 PORTLAND OR 97232	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KRIPALANI, EVA M.	[X] Change [ ]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JACKSON, DAN R 650 NE HOLLADAY, STE 1400 PORTLAND OR 97232	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BENEDICT, DAVID A 650 NE HOLLADAY, STE 1400 PORTLAND OR 97232	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP UGORETZ, BETH A. 650 NE HOLLADAY, STE 1400 PORTLAND OR 97232	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ]

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. 1-27-00 (503) 872-1376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #