

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13072

FILED
May 06, 2005
Secretary of State

Entity Name: KINDERCARE LEARNING CENTERS, INC.

Current Principal Place of Business:

650 NE HOLLADAY
STE 1400
PORTLAND, OR 97232 US

New Principal Place of Business:

Current Mailing Address:

650 NE HOLLADAY
STE 1400-TAX DEPT
PORTLAND, OR 97232 US

New Mailing Address:

FEI Number: 63-0941966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: JOHNSON, DAVID J
Address: 650 N.E. HOLLADAY, STE 1400
City-St-Zip: PORTLAND, OR 97232

Title: VP () Delete
Name: WALTERS, BRUCE A
Address: 650 NE HOLLADAY, STE 1400
City-St-Zip: PORTLAND, OR 97232

Title: VPS () Delete
Name: KRIPALANI, EVA M
Address: 650 NE HOLLADAY, STE 1400
City-St-Zip: PORTLAND, OR 97232

Title: CFO () Delete
Name: JACKSON, DAN R
Address: 650 NE HOLLADAY, STE 1400
City-St-Zip: PORTLAND, OR 97232

Title: VPTX () Delete
Name: BENEDICT, DAVID A
Address: 650 NE HOLLADAY, STE 1400
City-St-Zip: PORTLAND, OR 97232

Title: VPHR () Delete
Name: EDWARD, BREWINGTON L
Address: 650 NE HOLLADAY, STE 1400
City-St-Zip: PORTLAND, OR 97232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: THOMAS, HEYMANN A
Address: 650 N.E. HOLLADAY, STE 1400
City-St-Zip: PORTLAND, OR 97232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A BENEDICT

VPTX

05/06/2005

Electronic Signature of Signing Officer or Director

Date