2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13072

Entity Name: KINDERCARE LEARNING CENTERS, INC.

FILED May 03, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
650 NE HOLLADAY STE 1400 PORTLAND, OR 97232 US							
, and the second				New Mailing Address:			
STE 1400-T	NE HOLLADAY : 1400-TAX DEPT RTLAND, OR 97232 US			650 NE HOLLADAY STE 1400 PORTLAND, OR 97232 US			
FEI Number:	63-0941966	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip:	CEO () D THORNTON, FEL 650 N.E. HOLLAD PORTLAND, OR	AY, STE 1400		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	PRES () D YALOW, ELANNA 650 NE HOLLADA PORTLAND, OR	NY , STE 1400		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VPS () D KRIPALANI, EVA 650 NE HOLLADA PORTLAND, OR	AY, STE 1400		Title: Name: Address: City-St-Zip:	VPS (X) SIMS, JOHN 650 NE HOLLAI PORTLAND, OF		
Title: Name: Address: City-St-Zip:	CFO () D MORELAND, MAF 650 NE HOLLADA PORTLAND, OR	RK D NY, STE 1400	!	Title: Name: Address: City-St-Zip:	CFO (X) MUSKOVICH, J 650 NE HOLLAI PORTLAND, OF	DAY, STE 1400	
Title: Name: Address: City-St-Zip:	VPTX () D BENEDICT, DAVII 650 NE HOLLADA PORTLAND, OR	NY, STE 1400		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	HNANICEK, JOH	DAY STREET, SUITE 1400	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 05/03/2008