

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13072

FILED  
May 03, 2011  
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  
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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: COLLIE, WENDY  
Address: 650 N.E. HOLLADAY, STE 1400  
City-St-Zip: PORTLAND, OR 97232

Title: SEC  
Name: LARGE, ELIZABETH  
Address: 650 NE HOLLADAY, STE 1400  
City-St-Zip: PORTLAND, OR 97232

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

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

Title: DIR  
Name: THORNTON, FELICIA  
Address: 650 NE HOLLADAY STREET, STE 1400  
City-St-Zip: PORTLAND, OR 97232

I hereby 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 all other like empowered.

SIGNATURE: DAVID BENEDICT

VP

05/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date