2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90484 001 ***450.00

DOCUMENT # P33907

1. Entity Name
CORPORATEFAMILY SOLUTIONS, INC.

Principal Place of Business	Mailing Address
200 TALCOTT AVENUE SOUTH WATERTOWN MA 02472 US	PO BOX 9177 WATERTOWN PA 0241-177 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1302117 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, ROGER ONE KENDALL SQ., BLDG. 200, STE. 223 CAMBRIDGE MA 02139 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DREIER, STEVE ONE KENDALL SQ., BLDG. 200, STE. 223 CAMBRIDGE MA 02139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, CAO & Director Stephen Dreier 200 Talcott Ave. South Watertown, MA 02472 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLAND, ELIZABETH ONE KENDALL SQ., BLDG. 200, STE. 223 CAMBRIDGE MA 02139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer & CFO Elizabeth Boland 200 Talcott Ave. South Watertown, MA 02472 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOCIO, MARY ANN ONE KENDALL SQ BLDG 200 STE 223 CAMBRIDGE MA 02139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, COO & Director Mary Ann Tocio 200 Talcott Ave. South Watertown, MA 02472 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & Director David Lissy 200 Talcott Avenue South Watertown, MA 02472 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Stephen Dreier — 4/9/02 — 6176738000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

41141

Bright Horizons
FAMILY SOLUTIONS™

CHECK REQUEST FORM

Date: 4/9/02 (MM DAY YR)

Vendor Name: Department of State - Florida
Address: Division of Corporations
City/State: Uniform Business Report Filings
Zip: P.O. Box 1500
Social Security No.: Tallahassee, FL 32302-1500
Federal ID #:
(Required if 1st time vendor.)

Description	Account No.	Cost Cent	Amount
2002 AR filing fees (BHCC)	218500	0003	$150.00
Total Amount Due			$150.00

SPECIAL INSTRUCTIONS

Please ✓ one:

- [ ] Mail to Center
- [ ] Mail to Vendor with Attachment
- [ ] Mail to Vendor
- [ ] UPS to Center
- [ ] UPS to Vendor

please return to me Thx. Thx Esli

Date check needed by recipient: 4/9/02 (MM DAY YR)

Requested by: Esli

** Approval required if dollar amount is more than $200.00*

** Approved by:*

WHITE COPY to A/P YELLOW COPY for your files

#41452

Bright Horizons
FAMILY SOLUTIONS™

CHECK REQUEST FORM

Date: 4/9/02 (MM DAY YR)

Vendor Name: Department of State - Florida
Address: Division of Corporations
City/State: Uniform Business Report Filings
Zip: P.O. Box 1500
Social Security No.: Tallahassee, FL 32302-1500
Federal ID #:
(Required if 1st time vendor.)

Description	Account No.	Cost Cent	Amount
2002 AR Filing fees (kidstop)	218500	0003	$150.00
Total Amount Due			$150.00

SPECIAL INSTRUCTIONS

Please ✓ one:

- [ ] Mail to Center
- [ ] Mail to Vendor with Attachment
- [ ] Mail to Vendor
- [ ] UPS to Center
- [ ] UPS to Vendor

please return to me mm.
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WHITE COPY to A/P YELLOW COPY *for your files*