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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000009441 (6)**

1. Corporation Name
BRIGHT HORIZONS, INC.

Principal Place of Business
5624 CAGLE ROAD
JACKSONVILLE FL 32216

Mailing Address
5624 CAGLE ROAD
JACKSONVILLE FL 32216-5911

3. Date Incorporated or Qualified: **12/04/1992**
3a. Date of Last Report: **02/29/1996**
4. FEI Number: **59-3156655** [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [✓] No

2. Principal Place of Business
21 10166 Golf Club Dr
22 Jax, Fl
23 32256
24 Zip
25 County: Duval

2a. Mailing Address
26 10166 Golf Club Dr
27 Jax, Fl. 32256
28 Zip
29 County: 30 Duval

9. Name and Address of Current Registered Agent
RUMPH, J Q
3100 UNIVERSITY BLVD. SOUTH
SUITE 101
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 or 607.1105, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[ ] Change [ ] Addition
NAME	GANDHI, BHIKHU R	12 NAME	
STREET ADDRESS	123 STORRS ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	MANFIELD CENTER CT 06250	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	[ ] Change [ ] Addition
NAME	SULLIVAN, THOMAS H	22 NAME	
STREET ADDRESS	10166 GOLF CLUB DR	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information indicated on 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 12 or Block 13 with an asterisk (*) or on an attached sheet with an asterisk.

SIGNATURE: 3-12-97 904-642-0396