FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200009441 (6)

BRIGHT HORIZONS, INC.

SIGNATURE:

Principal Place of Business Mailing Address 10166 GOLF CLUB DR 10166 GOLF CLUB DR JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3156655 21 Suite, Apt. #, etc. Suite, Apl. #, elc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country Zip $Z_{\rm ID}$ 8. Temporograms ower or he path the gupent year Intangible 24] 25 30 Personal Property Tax due Jun 28 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent RUMPH. J Q 3100 UNIVERSITY BLVD. SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 101 83 JACKSONVILLE FL 32216

FILED Mar 03 1998 8:00am Secretary of State



2-14-98 642-0396

Applied For

Not Applicable

84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE 1.1 TiTLE Change Addition TITLE GANDHI, BHIKHU R NAME 1.2 NAME 123 STORRS ROAD STREET ADDRESS 1.3 STREET ADDRESS **MANFIELD CENTER CT 06250** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE SULLIVAN, THOMAS H 22 NAME 10166 GOLF CLUB DR STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-S1-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 City - ST - ZiP CITY - ST - ZIP Change DELETE Addition 5.1 TITL€ 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City - ST- ZIP CITY-ST-ZIP

14. I hereby cortify 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 annual report or supplemental annual 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 englowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if Chapter of the corporation of the receiver or trustee englowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if Chapter of the corporation of the corporat