

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

FILED

Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 852161 (9)  
1. Corporation Name  
LA PETITE ACADEMY, INC.



Principal Place of Business  
14 CORPORATE WOODS  
8717 W 110TH ST., STE. 300  
OVERLAND PARK KA 66210

Mailing Address  
14 CORPORATE WOODS  
8717 W 110TH ST., STE. 300  
OVERLAND PARK KA 66210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/11/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		43-1243221	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, JAMES P	1.2 NAME	
STREET ADDRESS	1900 E. 7TH AVENUE	1.3 STREET ADDRESS	1225 17th St. Suite 1660
CITY-ST-ZIP	DENVER CO	1.4 CITY-ST-ZIP	Denver CO 80202
TITLE	CEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHL, JAMES R	2.2 NAME	
STREET ADDRESS	8717 W. 110TH STREET, #300	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGLEWICZ, DAVID J	3.2 NAME	
STREET ADDRESS	8717 W. 110TH STREET, #300	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIQUEZ, ROBERT	4.2 NAME	Rebecca L. Perry
STREET ADDRESS	8717 W. 110TH STREET, #110	4.3 STREET ADDRESS	8604 Miles Rd.
CITY-ST-ZIP	OVERLAND PARK FL	4.4 CITY-ST-ZIP	Odessa FL 33556
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, PHILLIP	5.2 NAME	Joan K. Singleton
STREET ADDRESS	8718 W. 110TH STREET, #300	5.3 STREET ADDRESS	8717 W. 110th Street
CITY-ST-ZIP	OVERLAND PARK FL	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, PEGGY A	6.2 NAME	
STREET ADDRESS	8717 W. 110TH STREET, #300	6.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	6.4 CITY-ST-ZIP	

14. 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)