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55 MAY 16 AM 8:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Candra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # F94000006380 (9)

1. Corporation Name
CHILDREN'S DISCOVERY CENTERS OF AMERICA, INC.

Principal Place of Business: **851 IRWIN ST., STE 200 SAN RAFAEL CA 94901**

Mailing Address: **651 IRWIN ST., STE 200 SAN RAFAEL CA 94901**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/14/1994	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
22	27	06-1097006	
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIGLIO, RICHARD A	1.2 NAME	
STREET ADDRESS	851 IRWIN ST., STE 200	1.3 STREET ADDRESS	
CITY, ST, ZIP	SAN RAFAEL CA	1.4 CITY, ST, ZIP	
TITLE	VTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUETOVE, RANDALL J	2.2 NAME	v/t Truelove, Randall J
STREET ADDRESS	851 IRWIN ST., STE 200	2.3 STREET ADDRESS	85] Irwin St., Ste 200
CITY, ST, ZIP	SAN RAFAEL CA	2.4 CITY, ST, ZIP	San Rafael, CA 9490]
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YALOW, ELANNA S	3.2 NAME	v Yalow, Elanna S.
STREET ADDRESS	851 IRWIN ST., STE 200	3.3 STREET ADDRESS	85] Irwin St., Ste 200
CITY, ST, ZIP	SAN RAFAEL CA	3.4 CITY, ST, ZIP	San Rafael, Ca 9490]
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVINE, FRANK A	4.2 NAME	s Devine, Frank A
STREET ADDRESS	851 IRWIN ST., STE 200	4.3 STREET ADDRESS	85] Irwin St., Ste 200
CITY, ST, ZIP	SAN RAFAEL CA	4.4 CITY, ST, ZIP	San Rafael, CA 9490]
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL JR, W W	5.2 NAME	
STREET ADDRESS	851 IRWIN ST., STE 200	5.3 STREET ADDRESS	
CITY, ST, ZIP	SAN RAFAEL CA	5.4 CITY, ST, ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMANN, ROBERT E	6.2 NAME	
STREET ADDRESS	851 IRWIN ST., STE 200	6.3 STREET ADDRESS	
CITY, ST, ZIP	SAN RAFAEL CA	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Frank Devine DATE: 5/9/95 (415) 257-4200
Typed Name and Title of Signing Officer or Director