

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000006380 (9)

1. Corporation Name

CHILDREN'S DISCOVERY CENTERS OF AMERICA, INC.



Principal Place of Business

Mailing Address

851 IRWIN ST., STE 200  
SAN RAFAEL CA 94901

851 IRWIN ST., STE 200  
SAN RAFAEL CA 94901

3. Date Incorporated or Qualified <b>12/14/1994</b>	3a. Date of Last Report <b>05/16/1995</b>
4. FEI Number <b>06-1097006</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

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
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's signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>POD</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIGLIO, RICHARD A	1.2 NAME	Yalow, Elanna S.
STREET ADDRESS	851 IRWIN ST., STE 200	1.3 STREET ADDRESS	851 Irwin St., Ste 200
CITY-ST-ZIP	SAN RAFAEL CA	1.4 CITY-ST-ZIP	San Rafael, CA 94901
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUELOVE, RANDALL J	2.2 NAME	
STREET ADDRESS	851 IRWIN ST., STE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN RAFAEL CA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YALOW, ELANNA S	3.2 NAME	See Above
STREET ADDRESS	851 IRWIN ST., STE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN RAFAEL CA	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVINE, FRANK A	4.2 NAME	
STREET ADDRESS	851 IRWIN ST., STE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN RAFAEL CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 119.07(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.

Children's Discovery Centers of America, Inc.

SIGNATURE: by Frank Devine, Secretary April 25, 1996 (415) 257-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date DAY OF MONTH YEAR

CRE034 (12/95)