

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13072

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: KINDERCARE LEARNING CENTERS, INC.

## Current Principal Place of Business:

650 NE HOLLADAY  
STE 1400  
PORTLAND, OR 97232 US

## New Principal Place of Business:

## Current Mailing Address:

650 NE HOLLADAY  
STE 1400-TAX DEPT  
PORTLAND, OR 97232 US

## New Mailing Address:

FEI Number: 63-0941966      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: THOMAS, HEYMANN A  
Address: 650 N.E. HOLLADAY, STE 1400  
City-St-Zip: PORTLAND, OR 97232

Title: VP ( ) Delete  
Name: WALTERS, BRUCE A  
Address: 650 NE HOLLADAY, STE 1400  
City-St-Zip: PORTLAND, OR 97232

Title: VPS ( ) Delete  
Name: KRIPALANI, EVA M  
Address: 650 NE HOLLADAY, STE 1400  
City-St-Zip: PORTLAND, OR 97232

Title: CFO ( ) Delete  
Name: JACKSON, DAN R  
Address: 650 NE HOLLADAY, STE 1400  
City-St-Zip: PORTLAND, OR 97232

Title: VPTX ( ) Delete  
Name: BENEDICT, DAVID A  
Address: 650 NE HOLLADAY, STE 1400  
City-St-Zip: PORTLAND, OR 97232

Title: VPHR (X) Delete  
Name: JAFFE, TONI  
Address: 650 NE HOLLADAY, STE 1400  
City-St-Zip: PORTLAND, OR 97232

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: THORNTON, FELICIA  
Address: 650 N.E. HOLLADAY, STE 1400  
City-St-Zip: PORTLAND, OR 97232

Title: PRES (X) Change ( ) Addition  
Name: YALOW, ELANNA  
Address: 650 NE HOLLADAY, STE 1400  
City-St-Zip: PORTLAND, OR 97232

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: MORELAND, MARK D  
Address: 650 NE HOLLADAY, STE 1400  
City-St-Zip: PORTLAND, OR 97232

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. BENEDICT

VPTX

04/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date