

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90157 015 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P13072

1. Corporation Name  
**KINDERCARE LEARNING CENTERS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**650 NE HOLLADAY  
 STE 1400  
 PORTLAND OR 97232  
 US**

Mailing Address  
**650 NE HOLLADAY  
 STE 1400-TAX DEPT  
 PORTLAND OR 97232  
 US**

3. Date Incorporated or Qualified  
**01/30/1987**

4. FEI Number  
**63-0941966** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent

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

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

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	JOHNSON, DAVID J.	
STREET ADDRESS	650 N.E. HOLLADAY, STE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALTERS, BRUCE A	
STREET ADDRESS	650 NE HOLLADAY, STE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	VS <i>EVA</i>	<input type="checkbox"/> DELETE
NAME	KRIPALANI, EVE M	
STREET ADDRESS	650 NE HOLLADAY, STE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JACKSON, DAN R	
STREET ADDRESS	650 NE HOLLADAY, STE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENEDICT, DAVID A	
STREET ADDRESS	650 NE HOLLADAY, STE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	UGORETZ, BETH A.	
STREET ADDRESS	650 NE HOLLADAY, STE 1400	
CITY-ST-ZIP	PORTLAND OR 97232	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *David A. Benedict* SIGNATURE REQUIRED **DAVID A. BENEDICT** (503) 872-1376  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

**KinderCare Learning Centers Inc.**  
**Officer Listing**

P13072

389740-90157-15

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3/29/99

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**David J. Johnson**  
Chief Executive Officer

**Business Address**  
KinderCare Learning Centers, Inc.  
650 NE Holladay, Suite 1400  
Portland, OR 97232

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**Beth A. Ugoretz**  
Executive Vice President of Corporate Services

**Business Address**  
KinderCare Learning Centers, Inc.  
650 NE Holladay, Suite 1400  
Portland, OR 97232

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**Bruce A. Walters**  
Senior Vice President & Chief Development Officer

**Business Address**  
KinderCare Learning Centers, Inc.  
650 NE Holladay, Suite 1400  
Portland, OR 97232

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**Marcia P. Guddemi, Ph.D.**  
Vice President of Education & Research

**Business Address**  
KinderCare Learning Centers, Inc.  
650 NE Holladay, Suite 1400  
Portland, OR 97232

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**David A. Benedict**  
Vice President of Corporate Tax

**Business Address**  
KinderCare Learning Centers, Inc.  
650 NE Holladay, Suite 1400  
Portland, OR 97232

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**Edward L. Brewington**  
Vice President of Human Resources

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**Officer Listing**

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389740-90157-15

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3/29/99

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**S. Wray Hutchinson**  
Vice President of Operations

**Business Address**  
KinderCare Learning Centers, Inc.  
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Portland, OR 97232

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**Dan R. Jackson**  
Vice President of Financial Control & Planning

**Business Address**  
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Portland, OR 97232

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**Eva M. Kripalani**  
Vice President, General Counsel and Secretary

**Business Address**  
KinderCare Learning Centers, Inc.  
650 NE Holladay, Suite 1400  
Portland, OR 97232

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**William O. Robards, Jr.**  
Vice President of Real Estate

**Business Address**  
KinderCare Learning Centers, Inc.  
650 NE Holladay, Suite 1400  
Portland, OR 97232

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**Bob J. Willey**  
Vice President of Information Services

**Business Address**  
KinderCare Learning Centers, Inc.  
650 NE Holladay, Suite 1400  
Portland, OR 97232

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**William F. Dougherty**  
Vice President of Business Development

**Business Address**  
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Portland, OR 97232

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**KinderCare Learning Centers Inc.**  
**Officer Listing**

P13072  
389740-90571

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3/29/99

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**Miriam Liggett**

Region 1 Vice President

**Business Address**

KinderCare Learning Centers, Inc.  
11301 Sunset Hills Road Suite A-5  
Reston, VA 20190

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**DeeAnn Besch**

Region 2 Vice President

**Business Address**

KinderCare Learning Centers, Inc.  
850 LeCroy Drive  
Marietta, GA 30068

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**Trudy Anderson**

Region 3 Vice President

**Business Address**

KinderCare Learning Centers, Inc.  
12400 Whitewater Drive, Suite 140  
Minnetonka, MN 55343

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**Lauren Klein**

Region 4 Vice President

**Business Address**

KinderCare Learning Centers, Inc.  
23832 Rockfield Blvd., Suite 225  
Lake Forest, CA 92630

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