

1.) CORPORATION NAME:

DUE DATE: **10/31/2014**

**Childcare Worldwide**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1312950**

**URS AGENTS, LLC  
7288 HANOVER GREEN DR.  
MECHANICSVILLE, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1971 MIDWAY LANE STE N

CITY/ST/ZIP: BELLINGHAM, WA 98226

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DR G M LANGE TITLE: PRESIDENT ADDRESS: 1971 MIDWAY LANE STE N CITY/ST/ZIP/CO: BELLINGHAM, WA 98226	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEN SEAL TITLE: PRESIDENT ADDRESS: 1971 MIDWAY LANE STE N CITY/ST/ZIP/CO: BELLINGHAM, WA 98226	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WARREN R STROM TITLE: PRESIDENT ADDRESS: 1971 MIDWAY LANE STE N CITY/ST/ZIP/CO: BELLINGHAM, WA 98226	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PETER HORNE TITLE: DIRECTOR ADDRESS: 1971 MIDWAY LANE STE N CITY/ST/ZIP/CO: BELLINGHAM, WA 98226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HOWARD LENNICK TITLE: DIRECTOR ADDRESS: 1971 MIDWAY LANE STE N CITY/ST/ZIP/CO: BELLINGHAM, WA 98226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BILL MILNE TITLE: DIRECTOR ADDRESS: 1971 MIDWAY LANE STE N CITY/ST/ZIP/CO: BELLINGHAM, WA 98226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE THIESSEN DIRECTOR 1971 MIDWAY LANE STE N BELLINGHAM, WA 98226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEL VELECHENKO DIRECTOR 1971 MIDWAY LANE STE N BELLINGHAM, WA 98226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN WINTERS DIRECTOR 1971 MIDWAY LANE STE N BELLINGHAM, WA 98226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ WARREN R STROM	WARREN R STROM, PRESIDENT	10/3/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			