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May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000004768 (7)**

1. Corporation Name
GYMBOREE PLAY PROGRAMS, INC.

Principal Place of Business	Mailing Address
700 AIRPORT BLVD. 200 BURLINGAME CA 94010 US	700 AIRPORT BLVD. 200 BURLINGAME CA 94010-1931 US

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 94-3206460 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	PEDOT, NANCY J		1.2 NAME	GARY WHITE	
STREET ADDRESS	700 AIRPORT BLVD.		1.3 STREET ADDRESS	700 AIRPORT BLVD. STE 200	
CITY-ST-ZIP	BURLINGAME CA		1.4 CITY-ST-ZIP	BURLINGAME, CA 94010	
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CURLEY, JAMES P		2.2 NAME		
STREET ADDRESS	700 AIRPORT BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGAME CA		2.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRUSKO, JOSEPH		3.2 NAME		
STREET ADDRESS	700 AIRPORT BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGAME CA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOLDAW, STUART		4.2 NAME		
STREET ADDRESS	700 AIRPORT BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGAME CA		4.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	5.1 TITLE	AS	☐ Change ☒ Addition
NAME	RATCLIFF, WILLIAM		5.2 NAME	CHARLENE GOLD	
STREET ADDRESS	700 AIRPORT BLVD.		5.3 STREET ADDRESS	700 AIRPORT BLVD STE 200	
CITY-ST-ZIP	BURLINGAME CA		5.4 CITY-ST-ZIP	BURLINGAME, CA 94010	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED Charlene S Gold 5/7/97 415-579-0604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #