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

PROFIT CORPORATION ANNUAL REPORT 2000

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

FILED
Jul 18, 2000 8:00 am
Secretary of State
07-18-2000 90020 043 ***550.00

DOCUMENT # F94000004768

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 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/14/1994

4. FEI Number: 94-3206460 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

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

7. Principal Place of Business: Suite, Apt. #, etc. 26; City & State 27; Zip 25; Country

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ 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	
PD	☒ DELETE	1.1 TITLE: PRESIDENT	☒ Change ☐ Addition
~~WHITE, GARY~~		1.2 NAME: ROBERT B. CAMPBELL	
700 AIRPORT BLVD., STE. 200		1.3 STREET ADDRESS: 2812 MONTEREY ST	
BURLINGAME CA		1.4 CITY-ST-ZIP: SAN MATEO, CA 94403	
SRVP	☒ DELETE	2.1 TITLE: SR VP & DIRECTOR	☒ Change ☐ Addition
~~SHEPRD, MARY P~~		2.2 NAME: LAWRENCE H. MEYER	
700 AIRPORT BLVD, STE 200		2.3 STREET ADDRESS: 816 REDWOOD DRIVE	
BURLINGAME CA 94010		2.4 CITY-ST-ZIP: DANVILLE, CA 94506	
D	☐ DELETE	3.1 TITLE:	☐ Change ☐ Addition
MOLDAW, STUART		3.2 NAME:	
700 AIRPORT BLVD.		3.3 STREET ADDRESS:	
BURLINGAME CA		3.4 CITY-ST-ZIP:	
AS	☒ DELETE	4.1 TITLE: ASST. SEC.	☒ Change ☐ Addition
~~GOLD, CHARLENE~~		4.2 NAME: CLINT W. RAMSEY	
700 AIRPORT BLVD., STE. 200		4.3 STREET ADDRESS: 1250 SILVERADO DR	
BURLINGAME CA		4.4 CITY-ST-ZIP: SAN JOSE, CA 95120	
	☐ DELETE	5.1 TITLE:	☐ Change ☐ Addition
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
	☐ DELETE	6.1 TITLE:	☐ Change ☐ Addition
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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: E Donnell Pope E. DONNELL POPE TAX MGR. 7/6/00 650-696-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #