

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91179 008 ***150.00

A0071677

DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000004769

1. Entity Name
 Gymboree Play Programs, Inc.

Principal Place of Business
 700 Airport Blvd
 200
 Burlingame, CA 94010
 VS

Mailing Address
 700 Airport Blvd
 200
 Burlingame, CA 94010
 VS

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Zip

Country
 Country

4. FEI Number
 94-3206460

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 The Prentice Hall Corporation System, Inc.
 1201 Hays Street Ste 105
 Tallahassee, FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE PD	☐ Delete
NAME Campbell, Robert B	
STREET ADDRESS 700 Airport Blvd Ste 200	
CITY-ST-ZIP Burlingame, CA 94010	
TITLE SRVP	☐ Delete
NAME Meyer, Lawrence H	
STREET ADDRESS 700 Airport Blvd Ste 200	
CITY-ST-ZIP Burlingame, CA 94010	
TITLE D	☐ Delete
NAME Moldan, Stuart B	
STREET ADDRESS 700 Airport Blvd Ste 200	
CITY-ST-ZIP Burlingame, CA 94010	
TITLE AS	☐ Delete
NAME Ramsley, Clint	
STREET ADDRESS 700 Airport Blvd Ste 200	
CITY-ST-ZIP Burlingame, CA 94010	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clint W. Ramsley 05/01/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)