2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000004768

GYMBOREE PLAY PROGRAMS, INC.



Principal Place of Business

700 AIRPORT BLVD.

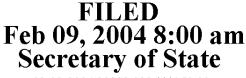
BURLINGAME, CA 94010

Mailing Address

700 AIRPORT BLVD.

DO NOT WRITE IN THIS SPACE

BURLINGAME, CA 94010



02-09-2004 90029 032 ***150.00



01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 94-3206460

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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the obligat	named entity submits this statement for the pur ions of registered agent.	pose of changing its register	red office or re	egistered agent, or bo	oth, in the State of Florida.	I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it as	opticable. (NOTE: Register	ed Agent signature	required when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution			\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	ORS .		Fig. 5. Televol 1.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMPBELL; ROBERT B 2812 MONTEREY ST SAN MATEO, CA 94403					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCORMICK, MYLES 700 AIRPORT BLVD SUITE 200 BURLINGAME, CA 94010					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ARMSTRONG, MARINA 700 AIRPORT BLVD BURLINGAME, CA 94010			DO	NOT WR	ÎTE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, LISA 700 AIRPORT BLVD SUITE 200 BURLINGAME, CA 94010			IN '	THIS SPA	CE
NAME STREET ADDRESS CITY-ST-ZIP	- 1					
TITLE	1	the state of the s	■ 1 * ****	£ 156. 11 0kps: 16t 100616,6t[[11 + 11] 1,[6] 187 {}.	Battitetta tilliti killi kali kali 🕏 👪 🗋	a nin sa ith. Swin stribits about 🗎 . Al

12. 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 sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP