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Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90280 045 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000004768

1. Entity Name
GYMBOREE PLAY PROGRAMS, INC.

14010806

Principal Place of Business	Mailing Address
~~700 AIRPORT BLVD.~~ 500 Howard St 200 San Francisco, BURLINGAME, CA 94010 US CA 94105	~~700 AIRPORT BLVD.~~ 500 Howard St 200 BURLINGAME, CA 94010 US San Francisco, CA 94105

01072004 No Chg-P CR2E034 (10/03)

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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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	~~P~~	P
NAME	~~CAMPBELL, ROBERT B~~	LISA HARPER
STREET ADDRESS	~~2812 MONTEREY ST~~	500 Howard St
CITY-ST-ZIP	~~SAN MATEO, CA 94403~~	San Francisco, CA 94105
TITLE	VP	
NAME	MCCORMICK, MYLES	BLAIR LANDERT
STREET ADDRESS	700 AIRPORT BLVD. - SUITE 200	500 Howard St
CITY-ST-ZIP	BURLINGAME, CA 94010	San Francisco, CA 94105
TITLE	AS	
NAME	ARMSTRONG, MARINA	
STREET ADDRESS	~~700 AIRPORT BLVD~~	500 Howard St
CITY-ST-ZIP	BURLINGAME, CA 94010	San Francisco, CA 94105
TITLE	D	
NAME	HARPER, LISA	
STREET ADDRESS	~~700 AIRPORT BLVD. - SUITE 200~~	500 Howard Street
CITY-ST-ZIP	BURLINGAME, CA 94010	San Francisco, CA 94105
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Blair Landert BLAIR LANDERT 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #