2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 18, 2006 8:00 am Secretary of State

1. Entity Nam	n o	F94000004 ROGRAMS, INC			07-18-2006	90085 ()27 ***15	60.00		
600 HOWARI	o of Business D'ST E, CA 94010	us (Mailing-Address 600 HOWARD ST BURLINGAME, CA 940	10 U	s		0099724		:T	
2. Principal P 500 Suite, Ap	Place of Business Howak	o ST.	3. Mailing Address 500 Hou) Suite, Apt. #, etc.	500 HOWARD ST.		05182006	Chg-P	.,	034 (11/05)	
				SAN FRANCISCO, CA		4. FEI Numb 94-320			 	oplied For ot Applicable
94 I	105	ountry	94104	Coun	try	İ	of Status Desired		\$8.75 Add Fee Require	
	6. Name and	Address of Current		7. Name and Address of New Registered Agent Name						
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE, FL 32301					Street Address (P.O. Box Number is Not Acceptable)					
			City FL Zip Code							
the obligat	named entity sub ions of registered		the purpose of changing its	registere	ed office or registe	red agent, or bo	oth, in the State of Flo	orida. Fam	familiar with,	and accept
SIGNATURE.	Signature, typed or prin	ted haine of registered agent.	and little if applicable (NO)	E Registeroi	d Agent signature inquire	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Final Trust Fund Contribution						.00 May Be ded to Fees	In accordance v			
10.	T _	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-\$T-ZIP	P HARPER, LIS 600 HOWARD SAN FRANCIS		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	AS ARMSTRONG 600 HOWARD SAN FRANCIS		Delete						☐ Change	Addition
THLE NAME STREET ADDRESS CITY-SI-ZIP			Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMBERT, BI 600 HOWARD SAN FRANCI	, 111	☐ Delete						☐ Change	Addition
NAME STREET ADDRESS CITY S1-ZIP	1 L	e W	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N		☐ Delete						Change	Addition
Indicated	Lon this report or :	supplemental report is	this filing does not qualify fi true and accurate and that wered to execute this repon with all other like empowered	my sionat	ture shall have the	same lonal offe	ict as if made under i	hath: that L	am an officer	or director

ATTACHMENT +0099124 +F94000004768

GYMBOREE PLAY PROGRAMS, INC.

OFFICERS AND DIRECTORS

President Ma
VP Lyi
Secretary Ma
Treasurer No

Director

Director

Matthew McCauley Lynda Gustafson Marina Armstrong

None

Matthew McCauley Blair Lambert 500 Howard Street, San Francisco, CA 94105
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