

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90397 005 ***150.00

DOCUMENT # F94000004768	
1. Entity Name GYMBOREE PLAY PROGRAMS, INC.	

Principal Place of Business 500 HOWARD ST SAN FRANCISCO, CA 94105 US	Mailing Address 500 HOWARD ST SAN FRANCISCO, CA 94105 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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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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400001100



04152008 Chg-P CR2E034 (12/06)

4. FEI Number 94-3206460	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCAULEY, MATTHEW 500 HOWARD ST SAN FRANCISCO, CA 94105 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GUSTAFSON, LYNDA 500 HOWARD ST SAN FRANCISCO, CA 94105 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ARMSTRONG, MARINA 500 HOWARD ST SAN FRANCISCO, CA 94105 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMBERT, BLAIR 500 HOWARD ST SAN FRANCISCO, CA 94105 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOHNSTON, JILL 500 HOWARD STREET SAN FRANCISCO, CA 94105 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNDA GUSTAFSON

Date

(415) 278-7000
Daytime Phone #