## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9700002865 (0) 1. Corporation Name

CHARLOTTE RUSSE, INC.

Principal Place of Business Mailing Address						NISE ISMOT BREEM MESME Mest GMES	
5015 SHOREHAM PLACE 5015 SHOREHAM PLACE							
SAN DIEGO CA 92122 SAN DIEGO CA 92122							
					DO NOT WRITE IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualified 06/02/1997</li> </ol>		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21		26		95-2960505	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required		
City & State	9	City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28		Trust Fund Contribution	Added to Fees		
Zip	——————————————————————————————————————		Country	<i>f</i>	8. This corporation owes or has paid the		
24	25	29 30	0		Personal Property Tax due June 30.	Yes V No	
9. Name and Address of Current Registered Agent				Marra	10. Name and Address of New Registere	a Agent	
	RPORATION SERVICE COMPAN	iY	81	Name			
	1 HAYS STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
TAL	LAHASSEE FL 32301-2525						
			83				
			84	****	F	85 Zip Code	
11 Pursuant	to the provisions of Sections 607.050	22 and 607,1508, Florida Statutes	the abov	e-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered	
office or r	egistered agent, or both, in the State	of Florida, Such change was aut	horized by	y the corporati	tion's board of directors. I hereby accept the a	ppointment as registered	
1	m jamiliar with, and accept the oblig	patients of, Section 607.0000, Florid	Ja Statute	<b>3.</b>			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE, F	legistered Ag	ent signature require	ed when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	ZEICHNER, BERNARD		1.2 NAME				
STREET ADDRESS	5015 SHOREHAM PLACE		1.3 STREET	T ADDRESS			
CITY-ST-ZIP	SAN DIEGO CA 92122			ST-ZIP			
TITLE	TCFO	DELETE 2.1		1		Change   Addition	
NAME	GILBERT, LON R						
STREET ADDRESS	5015 SHOREHAM PLACE		2.3 STREET	F ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			☐ Change ☐ Addition	
NAME	BALINGER, JENNIFER		3.2 NAME				
STREET ADDRESS	5015 SHOREHAM PLACE		3.3 STREET	T ADDRESS			
CITY - ST - ZIP	SAN DIEGO CA 92122		3.4. CITY-	ST-ZIP		Change This kilder-	
TITLE	DC	DELETE	4,1 TITLE			Change Addition	
NAME	KARP, ALAN		4. 2 NAME				
STREET ADDRESS	5015 SHOREHAM PLACE		4.3 STREE	T ADDRESS			
CITY - ST - ZIP	SAN DIEGO CA 92122		4.4 CITY - 1	ST-ZIP		Ohanna Addition	
TITLE	DC DAME	☐ DELETÉ	5.1 TITLE			Change Addition	
NAME	ODDI, DAVID	-	5.2 NAME				
STREET ADDRESS	5015 SHOREHAM PLACE			T ADDRESS			
CITY-ST-ZIP	SAN DIEGO CA 92122	[ ] a	5.4 CITY - 1	ST-ZIP		Change Addistan	
TITLE		☐ DELETE	6.1 TITLE	1		Change Addition	
NAME			6.2 NAME	1			
STREET ADDRESS	*			I ADDRESS			
CITY-ST-ZIP			6.4 CITY-1	ST-ZIP			

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

IGNATURE STATISTICAL FOOT

9900

**FILED** 

Jan 23 1998 8:00am

Secretary of State