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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000002865**

1. Corporation Name
CHARLOTTE RUSSE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **5015 SHOREHAM PLACE SAN DIEGO CA 92122**
 Mailing Address: **5015 SHOREHAM PLACE SAN DIEGO CA 92122**

3. Date Incorporated or Qualified
06/02/1997

2. Principal Place of Business: **4645 MORENA BLVD**
 2a. Mailing Address: **4645 MORENA BLVD**

4. FEI Number: **95-2960505**

23. City & State: **SAN DIEGO, CALIFORNIA**
 28. City & State: **SAN DIEGO, CALIFORNIA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24. Zip: **92117** 25. Country: **USA**
 29. Zip: **92117** 30. Country: **USA**

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEICHNER, BERNARD	1.2 NAME	
STREET ADDRESS	5015 SHOREHAM PLACE	1.3 STREET ADDRESS	4645 MORENA BLVD
CITY-ST-ZIP	SAN DIEGO CA 92122	1.4 CITY-ST-ZIP	SAN DIEGO, CALIFORNIA 92117
TITLE	TCFO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, LON R	2.2 NAME	
STREET ADDRESS	5015 SHOREHAM PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92122	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALINGER, JENNIFER	3.2 NAME	BOLINGER, JENNIFER
STREET ADDRESS	5015 SHOREHAM PLACE	3.3 STREET ADDRESS	4645 MORENA BLVD
CITY-ST-ZIP	SAN DIEGO CA 92122	3.4 CITY-ST-ZIP	SAN DIEGO, CALIFORNIA 92117
TITLE	DC	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARP, ALAN	4.2 NAME	4645 MORENA BLVD
STREET ADDRESS	5015 SHOREHAM PLACE	4.3 STREET ADDRESS	SAN DIEGO, CALIFORNIA 92117
CITY-ST-ZIP	SAN DIEGO CA 92122	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODDI, DAVID	5.2 NAME	4645 MORENA BLVD
STREET ADDRESS	5015 SHOREHAM PLACE	5.3 STREET ADDRESS	SAN DIEGO, CALIFORNIA 92117
CITY-ST-ZIP	SAN DIEGO CA 92122	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TCFO
STREET ADDRESS		6.3 STREET ADDRESS	CARTER, DANIEL T.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	4645 MORENA BLVD SAN DIEGO, CALIFORNIA 92117

14. 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 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, with all other like empowered.

SIGNATURE: *J. Balinger* 2-299 (619)587-9900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (1/98)