

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000002865

1. Entity Name
CHARLOTTE RUSSE, INC.



Principal Place of Business
4645 MORENA BLVD
SAN DIEGO, CA 92117

Mailing Address
4645 MORENA BLVD
SAN DIEGO, CA 92117



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-2960505

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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	D
NAME	ZEICHNER, BERNARD.
STREET ADDRESS	4645 MORENA BLVD
CITY-ST-ZIP	SAN DIEGO, CA 92117
TITLE	S
NAME	BOLINGER, JENNIFER
STREET ADDRESS	4645 MORENA BLVD
CITY-ST-ZIP	SAN DIEGO, CA 92117
TITLE	TCFO
NAME	JOHNSON, PATTI
STREET ADDRESS	4645 MORENA BLVD
CITY-ST-ZIP	SAN DIEGO, CA 92117
TITLE	P
NAME	HOFFMAN, MARK A
STREET ADDRESS	4645 MORENA BLVD.
CITY-ST-ZIP	SAN DIEGO, CA 92117
TITLE	DIRECTOR
NAME	HOFFMAN, MARK
STREET ADDRESS	4645 MORENA BLVD.
CITY-ST-ZIP	SAN DIEGO, CA 92117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/08-80055-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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

PATTI JOHNSON-TREASURER/CFO

Date

Daytime Phone #

1/25/08