

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90280 044 ***150.00

DOCUMENT # F94000004769	
1. Entity Name GYMBOREE RETAIL STORES, INC.	



Principal Place of Business 700 AIRPORT BLVD. 200 BURLINGAME, CA 94010	Mailing Address 700 AIRPORT BLVD, #200 ATTN: TAX DEPT BURLINGAME, CA 94010
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600 HOWARD ST
SAN FRANCISCO, CA 94105

14010807



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3206461	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	CEOD HARPER, LISA 700 AIRPORT BLVD STE 200 BURLINGAME, CA 94010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MYLES, MCCORMICK 700 AIRPORT BLVD, STE 200 BURLINGAME, CA 94010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ARMSTRONG, MARINA 700 AIRPORT BLVD BURLINGAME, CA 94010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

BLAIR LAMBERT

Blair Lambert

Daytime Phone #