

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000004769

1. Entity Name
GYMBOREE RETAIL STORES, INC.



Principal Place of Business
**500 HOWARD STREET
SAN FRANCISCO, CA 94105 US**

Mailing Address
**500 HOWARD STREET
SAN FRANCISCO, CA 94105 US**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number
94-3206461

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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 PD
NAME MCCAULEY, MATTHEW
STREET ADDRESS 500 HOWARD STREET
CITY-ST-ZIP SAN FRANCISCO, CA 94105

TITLE VP
NAME GUSTAFSON, LYNDA
STREET ADDRESS 500 HOWARD STREET
CITY-ST-ZIP SAN FRANCISCO, CA 94105

TITLE S
NAME ARMSTRONG, MARINA
STREET ADDRESS 500 HOWARD STREET
CITY-ST-ZIP SAN FRANCISCO, CA 94105

TITLE D
NAME LAMBERT, BLAIR
STREET ADDRESS 500 HOWARD ST
CITY-ST-ZIP SAN FRANCISCO, CA 94105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000921830
05/15/08-80022-024 150.00

**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

LYNDA GUSTAFSON

Date

Daytime Phone #

(415) 278-7000