

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004769

FILED
Apr 28, 2009
Secretary of State

Entity Name: GYMBOREE RETAIL STORES, INC.

Current Principal Place of Business:

500 HOWARD STREET
SAN FRANCISCO, CA 94105 US

New Principal Place of Business:

Current Mailing Address:

500 HOWARD STREET
SAN FRANCISCO, CA 94105 US

New Mailing Address:

FEI Number: 94-3206461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCAULEY, MATTHEW
Address: 500 HOWARD STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: VP () Delete
Name: GUSTAFSON, LYNDIA
Address: 500 HOWARD STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: S () Delete
Name: ARMSTRONG, MARINA
Address: 500 HOWARD STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: D () Delete
Name: LAMBERT, BLAIR
Address: 500 HOWARD ST
City-St-Zip: SAN FRANCISCO, CA 94105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MCCAULEY, MATTHEW K CEO/D
Address: 500 HOWARD STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: VP (X) Change () Addition
Name: GUSTAFSON, LYNDIA VP
Address: 500 HOWARD STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: S (X) Change () Addition
Name: ARMSTRONG, MARINA S
Address: 500 HOWARD STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: CFOD (X) Change () Addition
Name: LAMBERT, BLAIR W CFO/D
Address: 500 HOWARD ST
City-St-Zip: SAN FRANCISCO, CA 94105

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDIA GUSTAFSON

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date