2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000004782

1. Entity Name
GYMBOREE OPERATIONS, INC.

Principal Place of Business
700 AIRPORT BLVD. 500 Howard St
200
BURLINGAME, CA 94010 US
San Francisco CA 98105

Mailing Address
700 AIRPORT BLVD. 500 Howard St
200
BURLINGAME, CA 94010 US
San Francisco CA 98105

14010808

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)

| 4. FEI Number | Applied For |
| 94-3206463 | Not Applicable |

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

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE, FL 32301

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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, 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	VP
NAME	MCCORMICK, MYKES Blair Lambert
STREET ADDRESS	700 AIRPORT BLVD, STE 200 500 Howard St
CITY-ST-ZIP	BURLINGAME, CA 94010 San Francisco, CA 94105
TITLE	PD
NAME	HARPER, LISA M
STREET ADDRESS	700 AIRPORT BLVD, STE 200 500 Howard St
CITY-ST-ZIP	BURLINGAME, CA 94010 San Francisco, CA 94105
TITLE	AS
NAME	ARMSTRONG, MARINA
STREET ADDRESS	700 AIRPORT BLVD 500 Howard St
CITY-ST-ZIP	BURLINGAME, CA 94010 San Francisco, CA 94105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #