

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000004782

1. Entity Name
GYMBOREE OPERATIONS, INC.



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

Mailing Address
500 HOWARD STREET
SAN FRANCISCO, CA 94105 US

DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 94-3206463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**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, 2007 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	

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05/15/07-80067-008 150.00

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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 #

4/25/07 (415) 278-7000