


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000004782</b> 1. Entity Name GYMBOREE OPERATIONS, INC.	
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Principal Place of Business 500 HOWARD STREET SAN FRANCISCO, CA 94105 US	Mailing Address 500 HOWARD STREET SAN FRANCISCO, CA 94105 US
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**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 94-3206463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

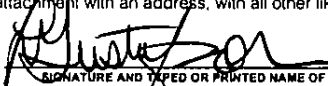
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCAULEY, MATTHEW 500 HOWARD STREET SAN FRANCISCO, CA 94105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUSTAFSON, LYNDA 500 HOWARD STREET SAN FRANCISCO, CA 94105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARMSTRONG, MARINA 500 HOWARD STREET SAN FRANCISCO, CA 94105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, BLAIR 500 HOWARD ST SAN FRANCISCO, CA 94105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000921831  
05/15/08-80022-025 150.00

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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:  LYNDA GUSTAFSON (415) 278-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #