2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# F94000004782

Entity Name: GYMBOREE OPERATIONS, 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: 94-3206463 **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 ST., #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, LYNDA
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: CEOD (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, LYNDA 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: LYNDA GUSTAFSON VP 04/28/2009

Electronic Signature of Signing Officer or Director Date