

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90170 042 ***550.00

0149609 AB

DOCUMENT # F95000002532

1. Entity Name

BEBE STORES, INC.



Principal Place of Business

**400 VALLEY DRIVE
BRISBANE CA 94005**

Mailing Address

**400 VALLEY DRIVE
BRISBANE CA 94005**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-2450490**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

John E. Kyees

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MASHOUF, MANNY**
CITY-ST-ZIP **400 VALLEY DRIVE
BRISBANE CA 94005**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FREDERICO, CORRADO**
CITY-ST-ZIP **400 VALLEY DRIVE
BRISBANE CA 94005**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MASHOUF, NEDA**
CITY-ST-ZIP **400 VALLEY DRIVE
BRISBANE CA 94005**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BASS, BARBARA**
CITY-ST-ZIP **2310 HYDE ST
SAN FRANCISCO CA 94109**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **SCHLEIN, PHILLIP**
CITY-ST-ZIP **2180 SANDHILL ROAD
MENLO PARK CA 94025**

TITLE ☒ Delete
NAME **CFO**
STREET ADDRESS **LAMBERT, BLAIR**
CITY-ST-ZIP **400 VALLEY DRIVE
BRISBANE CA 94005**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Jaffe, Robert**
CITY-ST-ZIP **4370 La Jolla Village Dr. #1040
San Diego, CA 92122**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Wardlow, Daniel**
CITY-ST-ZIP **1600 Holloway Ave.
San Francisco, CA 94132**

TITLE ☒ Change ☐ Addition
NAME **CFO**
STREET ADDRESS **John Kyees**
CITY-ST-ZIP **1085 Rollins Rd. Apt #302
Burlingame, CA 94010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John E. Kyees **John E. Kyees** 8/11/03 (415) 915-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)