

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90001 019 ***150.00

DOCUMENT # F97000002865

1. Entity Name
CHARLOTTE RUSSE, INC.



Principal Place of Business Mailing Address
4645 MORENA BLVD **4645 MORENA BLVD**
SAN DIEGO, CA 92117 **SAN DIEGO, CA 92117**

54011782

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01292004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
95-2960505 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	ZEICHNER, BERNARD	
STREET ADDRESS	4645 MORENA BLVD	
CITY-ST-ZIP	SAN DIEGO, CA 92117	
TITLE	DC	<input type="checkbox"/> Delete
NAME	KARP, ALAN	
STREET ADDRESS	4645 MORENA BLVD	
CITY-ST-ZIP	SAN DIEGO, CA 92117	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ODDI, DAVID	
STREET ADDRESS	4645 MORENA BLVD	
CITY-ST-ZIP	SAN DIEGO, CA 92117	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	CARTER, DANIEL T	
STREET ADDRESS	4645 MORENA BLVD	
CITY-ST-ZIP	SAN DIEGO, CA 92117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEICHNER, BERNARD	
STREET ADDRESS	4645 MORENA BLVD	
CITY-ST-ZIP	SAN DIEGO, CA 92117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT-CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK A. HOFFMAN	
STREET ADDRESS	4645 MORENA BLVD	
CITY-ST-ZIP	SAN DIEGO, CA 92117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Daniel T. Carter* Date: 2/11/04 Daytime Phone #: (818) 589-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL T. CARTER - SECRETARY-TREAS.