

# 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

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**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

4. FEI Number **94-2450490**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

TITLE  Change  Addition

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

TITLE  Change  Addition

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

TITLE  Change  Addition

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)