

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90017 032 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F95000002532 ✓

1. Corporation Name  
**BEBE STORES, INC.**



Principal Place of Business  
**380 VALLEY DRIVE  
 BRISBANE CA 94005**

Mailing Address  
**380 VALLEY DRIVE  
 BRISBANE CA 94005**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/24/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		94-2450490	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASHOUF, MANNY	1.2 NAME	Director
STREET ADDRESS	380 VALLEY DRIVE	1.3 STREET ADDRESS	Corrado Frederico
CITY-ST-ZIP	BRISBANE CA 94005	1.4 CITY-ST-ZIP	380 Valley Drive
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASHOUF, PAUL	2.2 NAME	General Counsel
STREET ADDRESS	380 VALLEY DRIVE	2.3 STREET ADDRESS	Lillie Stephens
CITY-ST-ZIP	BRISBANE CA 94005	2.4 CITY-ST-ZIP	380 Valley Drive
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASHOUF, NEDA	3.2 NAME	
STREET ADDRESS	380 VALLEY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRISBANE CA 94005	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, BARBARA	4.2 NAME	
STREET ADDRESS	2310 HYDE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94109	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEIN, PHILLIP	5.2 NAME	
STREET ADDRESS	2180 SANDHILL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA 94025	5.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, BLAIR	6.2 NAME	
STREET ADDRESS	380 VALLEY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRISBANE CA 94005	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Manny Mashouf* DATE: 7/13/99 DAYTIME PHONE #: 415-715-3400

CR2E034 (5/99)