



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 107908		2. Name of Corporation CHARLOTTE RUSSE, INC.			
3. Street Address Principal Business Office 4645 Morena Blvd.			City San Diego	State CA	Zip 92117
4. Business Phone No. (858) 587-9900		5. State of Incorporation CALIFORNIA		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL - WOMEN'S WEAR & ACCESSORIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mark A. Hoffman			Vice President Name		
Street Address 4645 Morena Blvd.			Street Address		
City San Diego	State CA	Zip 92117	City	State	Zip
Secretary Name / Treasurer Daniel T. Carter			Treasurer Name		
Street Address 4645 Morena Blvd.			Street Address		
City San Diego	State CA	Zip 92117	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Allan Karp			Director Name		
Street Address 262 Harbor Dr.			Street Address		
City Stamford	State CT	Zip 06902	City	State	Zip
Director Name Bernard Zeichner			Director Name		
Street Address 7612 Via Capri			Street Address		
City La Jolla	State CA	Zip 92037	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 COMM	\$10.00 PAR VALUE		4,000	Common	\$10.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



107908

File Date 8/15/05
Check No. 226316
By: DA
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Daniel T. Carter 7-14-05
Signature of Officer Date
Daniel T. Carter Secretary-Treasurer
Print or Type Name of Officer
Title of Officer



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4. Business Phone No. (858) 587-9900		5. State of Incorporation CALIFORNIA		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL - WOMEN'S WEAR & ACCESSORIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mark A. Hoffman			Vice President Name / CFO/Treasurer Daniel T. Carter		
Street Address 4645 Morena Blvd.			Street Address 4645 Morena Blvd.		
City San Diego	State CA	Zip 92117	City San Diego	State CA	Zip 92117
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Allan Karp			Director Name David Oddi		
Street Address 262 Harbor Dr.			Street Address 262 Harbor Dr.		
City Stamford	State CT	Zip 06902	City Stamford	State CT	Zip 06902
Director Name Bernard Zeichner			Director Name		
Street Address 7612 Via Capri			Street Address		
City La Jolla	State CA	Zip 92037	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 COMM \$10.00 PAR VALUE			1,836,980	Common	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 7 9 0 8 *

File Date 2/17/04
Check No. 192208
By: EC
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Daniel T. Carter 2-5-04
Signature of Officer Date
Daniel T. Carter VP-CFO-TREASURER
Print or Type Name of Officer
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **107908** 2. Name of Corporation **CHARLOTTE RUSSE, INC.**

3. Street Address Principal Business Office **4645 MORENA BLVD.** City **SAN DIEGO** State **CA** Zip **92117**

4. Business Phone No. **(858) 587-9900** 5. State of Incorporation **CALIFORNIA** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island

RETAIL - WOMEN'S WEAR & ACCESSORIES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **BERNARD ZEICHNER** Vice President Name **CFO/TREASURER DANIEL T. CARTER**

Street Address **7612 VIA CAPRI** City **LA JOLLA** State **CA** Zip **92037**

Street Address **9715 CAMINITO PURDREGAL** City **SAN DIEGO** State **CA** Zip **92131**

Secretary Name **BERNARD ZEICHNER** Treasurer Name **DANIEL T. CARTER**

Street Address **7612 VIA CAPRI** City **LA JOLLA** State **CA** Zip **92037**

City **LA JOLLA** State **CA** Zip **92037**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **ALLAN KARP** Director Name **DAVID ODDI**

Street Address **262 HARBOR DRIVE** City **STAMFORD** State **CT** Zip **06902**

Street Address **262 HARBOR DRIVE** City **STAMFORD** State **CT** Zip **06902**

Director Name **BERNARD ZEICHNER** Director Name **DAVID ODDI**

Street Address **7612 VIA CAPRI** City **LA JOLLA** State **CA** Zip **92037**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000	COMM	\$10.00
	1,836,980	COMMON	\$0.01

Number of Shares **4,000** Class/Series **COMM** Par Value **\$10.00**

Number of Shares **1,836,980** Class/Series **COMMON** Par Value **\$0.01**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 7 9 0 8 *

File Date: 1-28-03

Check No.: 168431

By: IP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Daniel T. Carter 1/27/03
Signature of Officer Date

DANIEL T. CARTER VP-CFO-TREASURER
Print or Type Name of Officer

Title of Officer
5



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **107908**
2. Name of Corporation **CHARLOTTE RUSSE, INC.**
3. Street Address Principal Business Office
4645 Morena Blvd.
4. Business Phone No. **(858) 587-9900**
5. State of Incorporation **CALIFORNIA**
7. Brief Description of the Character of Business Conducted in Rhode Island
Retail - Women's Wear & Accessories

City **San Diego** State **California** Zip **92117**
6. SIC Code **0**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Bernard Zeichner**
Street Address **7325 Remley Pl**
City **La Jolla** State **CA** Zip **92037**
Secretary Name
Street Address
City State Zip

Vice President Name **CFO/Treasurer Daniel T. Carter**
Street Address **9715 Caminito Pudregal**
City **San Diego** State **CA** Zip **92131**
Treasurer Name
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Allan Karp**
Street Address **262 Harbor Drive**
City **Stamford** State **CT** Zip **06902**
Director Name **Bernard Zeichner**
Street Address **7325 Remley Pl.**
City **San Diego** State **CA** Zip **92037**

Director Name **David Oddi**
Street Address **262 Harbor Drive**
City **Stamford** State **CT** Zip **06902**
Street Address
City State Zip

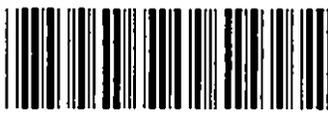
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 COMM \$10.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,836,980 Common \$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 7 9 0 8 *

File Date: 2-11-02
Check No.: 147537
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] Date
Signature of Officer

Daniel T. Carter VP-CFO-Treasurer
Print or Type Name of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **107908** 2. Name of Corporation **CHARLOTTE RUSSE, INC.**

3. Street Address Principal Business Office
4645 Morena Blvd.

City State Zip
San Diego California 92117

4. Business Phone No. **(858) 587-9900** 5. State of Incorporation **CALIFORNIA**

6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Retail - Women's Wear & Accessories

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
Bernard Zeichner
Street Address
7325 Remley Pl
City State Zip
La Jolla CA 92037

Vice President Name /CFO/Treasurer
Daniel T. Carter
Street Address
9715 Caminito Pudregal
City State Zip
San Diego CA 92131

Secretary Name

Street Address

City State Zip

Treasurer Name

Street Address

City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Allan Karp
Street Address
262 Harbor Drive
City State Zip
Stamford CT 06902

Director Name
David Oddi
Street Address
262 Harbor Drive
City State Zip
Stamford CT 06902

Director Name
Bernard Zeichner
Street Address
7325 Remley Pl.
City State Zip
La Jolla CA 92037

Director Name

Street Address

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 COMM \$10.00 PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,836,980 COMMON \$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 7 9 0 8 *

File Date: 2/26

Check No.: 122692

By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/19/01
Signature of Officer Date

Daniel T. Carter VP-CFO-Treasurer
Print or Type Name of Officer

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **107908** 2. Name of Corporation **CHARLOTTE RUSSE, INC.**

3. Street Address Principal Business Office **4645 Morena Blvd.** City **San Diego** State **California** Zip **92117**

4. Business Phone No. **(858) 587-9900** 5. State of Incorporation **CALIFORNIA** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Retail - Women's Wear & Accessories

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Bernard Zeichner	Vice President Name /CFO/Treasurer Daniel T. Carter
Street Address 7325 Remley Pl	Street Address 9715 Caminito Pudregal
City State Zip La Jolla CA 92037	City State Zip San Diego CA 92131
Secretary Name	Treasurer Name

Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Allan Karp	Director Name David Oddi
Street Address 667 Madison Ave.	Street Address 667 Madison Ave.
City State Zip New York, NY 10021	City State Zip New York NY 10021
Director Name	Director Name

Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
4,000 COMM \$10.00 PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
1,836,980	COMMON	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 7 9 0 8 *

File Date: 2/22/00
Check No.: 104006
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

x Daniel T. Carter 2/22/00
Signature of Officer Date
Daniel T. Carter VP-CFO-Treasurer
Print or Type Name of Officer
Title of Officer