


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006284 1. Entity Name SUR LA TABLE, INC.	
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Principal Place of Business 5701 6TH AVE. S, SUITE 486 SEATTLE, WA 98108-2514	Mailing Address 5701 6TH AVE. S, SUITE 486 SEATTLE, WA 98108-2514
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 91-1643409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE, SUITE 520
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TIERNEY, KATHLEEN C 5701 6TH AVE. S, SUITE 486 SEATTLE, WA 981082514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEHNKE, RENEE 5701 6TH AVE. S, SUITE 486 SEATTLE, WA 981082514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BROWNFIELD, DEBBIE 5701 6TH AVE. S, SUITE 486 SEATTLE, WA 981082514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRADY, EILEEN M 5701 6TH AVE. S, SUITE 486 SEATTLE, WA 981082514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAW, L. SUSAN 5701 6TH AVE. S, SUITE 486 SEATTLE, WA 981082514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BEHNKE, CARL G 601 UNION STREET, SUITE 3016 SEATTLE, WA 98101

U000001R0804
01/14/05-80021-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Susan Faw* 1/6/05 206-613-6046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #