2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000003061

1. Entity Name
RESTORATION HARDWARE, INC.

Principal Place of Business	Mailing Address
15 KOCH RD., STE. J CORTE MADERA, CA 94925	15 KOCH ROAD, STE J CORTE MADERA, CA 94925 US

03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0140361
☐ Applied For
☐ 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

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	FRIEDMAN, GARY CEO
STREET ADDRESS	15 KOCH RD., STE. J
CITY-ST-ZIP	CORTE MADERA, CA 94925
TITLE	D
NAME	BALL, DAMON
STREET ADDRESS	535 MADISON AVENUE, 4TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	D
NAME	CAMP, ROBERT
STREET ADDRESS	3537 U.S. RTE 2
CITY-ST-ZIP	NORTH HERO, VT 05474
TITLE	D
NAME	HEMMIG, RAYMOND
STREET ADDRESS	2701 EAST PLANO PARKWAY, STE. 200
CITY-ST-ZIP	PLANO, TX 75074
TITLE	D
NAME	KREVLIN, GLENN
STREET ADDRESS	598 MADISON AVENUE, 12TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	EVP
NAME	TATE, JOHN COO
STREET ADDRESS	15 KOCH RD., STE. J
CITY-ST-ZIP	CORTE MADERA, CA 94925

100000508576
04/28/06-80001-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4-4-06 415-945-4618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Murray Jukes
V.P. Corp Controller