


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P09015 1. Entity Name WILLIAMS-SONOMA STORES, INC.	
--	---

Principal Place of Business 5050 TOWN CNTR CIRCLE #227 BOCA RATON, FL 33432 US	Mailing Address 3250 VAN NESS AVE SAN FRANCISCO, CA 94109
---	---



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2949896	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 THE PRENTICE HALL CORP SYSTEMS INC 1201 HAYES STREET SUITE 105 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)
Signature, typed or printed name of registered agent and title if applicable DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D LESTER, W. H 3250 VAN NESS AVE SAN FRANCISCO, CA 94109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNOLLY, PATRICK J 3250 VAN NESS AVE SAN FRANCISCO, CA 94109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROPP, ART 3250 VAN NESS AVE SAN FRANCISCO, CA 94109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAFTE, SETH 2250 VAN NESS AVE SAN FRANCISCO, CA 94109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFD MCCOLLAM, SHARON 3250 VAN NESS AVE SAN FRANCISCO, CA 94109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BURKETT, CHARLES 3250 VAN NESS AVE SAN FRANCISCO, CA 94109

000000395555
01/26/06-80055-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Charles L. Burkett 1-17-06 (415) 421-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #