## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # P09015

1. Entity Name

WILLIAMS-SONOMA STORES, INC.



**FILED** Jul 23, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

5050 TOWN CNTR CIRCLE

3250 VAN NESS AVE

BOCA RATON, FL 33432 US

SAN FRANCISCO, CA 94109



## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 07122007 No Chg-P

4. FEI Number 94-2949896 Applied For Not Applicable

5. Certificate of Status Desired

\$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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

000000770037 07/23/07-80005-018 550.00

10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	LESTER, W. H	
STREET ADDRESS	3250 VAN NESS AVE	
CITY-ST-ZIP	SAN FRANCISCO, CA 94109	
TITLE	PD	
NAME .	CONNOLLY, PATRICK J	
STREET ADDRESS	3250 VAN NESS AVE	
CITY-ST-ZIP	SAN FRANCISCO, CA 94109	
TITLE	VP	
NAME	TROPP, ART	
STREET ADDRESS	3250 VAN NESS AVE	
CITY-ST-ZIP	SAN FRANCISCO, CA 94109	
TITLE	8	
NAME	JAFFE, SETH	
STREET ADDRESS	2250 VAN NESS AVE	
CITY-ST-ZIP+,	SAN FRANCISCO, CA 94109	
TITLE	CFD	
NAME	MCCOLLAM, SHARON	
STREET ADORESS	3250 VAN NESS AVE	
CITY-ST-ZIP	SAN FRANCISCO, CA 94109	
THTLE	AS	
NAME	BURKETT, CHARLES	
STREET ADDRESS	3250 VAN NESS AVE	
CITY-ST-ZIP	SAN FRANCISCO, CA 94109	
12. I hareby carrify that the information supplied with this filling does not qualify for the o		

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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:

415-616-8309

Daytime Phone #