

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90088 006 \*\*\*150.00

**DOCUMENT # P27662**



1. Entity Name  
**SOTHEBY'S, INC.**

Principal Place of Business Mailing Address  
**1334 YORK AVENUE 1334 YORK AVENUE**  
**NEW YORK, NY 10021 NEW YORK, NY 10021**

6000001+



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01192007 Chg-P CR2E034 (12/06)

City & State City & State 4. FEI Number Applied For  
**38-2478406** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**CORPORATION SERVICE COMPANY** Name  
**1201 HAYS STREET** Street Address (P.O. Box Number is Not Acceptable)  
**TALLAHASSEE, FL 32301** City **FL** Zip Code

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUPRECHT, WILLIAM			NAME			
STREET ADDRESS	1334 YORK AVE			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10021			CITY-ST-ZIP			
TITLE	CFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERIDAN, WILLIAM			NAME			
STREET ADDRESS	1334 YORK AVE			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10021			CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILLIS, MICHAEL			NAME			
STREET ADDRESS	1334 YORK AVE			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10021			CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACDIARMID, LYNN			NAME			
STREET ADDRESS	1334 YORK AVE.			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10021			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PILLSBURY, DON			NAME			
STREET ADDRESS	1334 YORK AVE			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10021			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Alisa Sporn		
STREET ADDRESS				STREET ADDRESS	1334 YORK AVE.		
CITY-ST-ZIP				CITY-ST-ZIP	NEW YORK, NY 10021		

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: *[Signature]* DATE: 1/04/07 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR