

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721995 (9)

1. Corporation Name

Tisch Foundation, Inc.

Principal Place of Business: c/o Barry Bloom, 667 Madison Avenue, New York, NY 10021-8087
Mailing Address: c/o Barry Bloom, 667 Madison Avenue, New York, NY 10021-8087

3. Date Incorporated or Qualified 11/02/1971	3a. Date of Last Report 2/24/95
4. FEI Number 59-1002844	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
The Prentice-HALL Corp. System, Inc. 1201 Hayes Street Suite 105 Tallahassee, FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/D	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tisch, Preston R.		12 NAME				
STREET ADDRESS	5 Timber Trail		13 STREET ADDRESS				
CITY-ST-ZIP	Harrison, NY 10580	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V/D		21 TITLE				
NAME	Tisch, Laurence A.		22 NAME				
STREET ADDRESS	North Manursing Island		23 STREET ADDRESS				
CITY-ST-ZIP	Rye, NY 10580		24 CITY-ST-ZIP				
TITLE	S/D/T	<input checked="" type="checkbox"/> DELETE	31 TITLE	S/D/T			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beatus, E. Jack		32 NAME	Beatus, E. Jack			
STREET ADDRESS	31 Bloomingdale Drive		33 STREET ADDRESS	31 Bloomingdale Drive			
CITY-ST-ZIP	Scarsdale, NY 10583		34 CITY-ST-ZIP	Scarsdale, NY 10583			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	41 TITLE				
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	51 TITLE				
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE				
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Preston R. Tisch **2/28/96** (212) 545-2930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)