


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721995 (9)

1. Corporation Name
TISCH FOUNDATION, INC.



Principal Place of Business C/O BARRY BLOOM 667 MADISON AVE. NEW YORK NY 10021-8087	Mailing Address C/O BARRY BLOOM 667 MADISON AVE. NEW YORK NY 10021-8087
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3. Date Incorporated or Qualified
11/02/1971

4. FEI Number
59-1002844

Applied For	
Not Applicable	

2. Principal Place of Business 21 c/o BARRY L. BLOOM Suite, Apt. #, etc. 22 655 MADISON AVE.-8th Floor City & State 23 New York NY Zip 24 10021-8087 Country 25 45	2a. Mailing Address 26 c/o BARRY L. BLOOM Suite, Apt. #, etc. 27 655 MADISON AVE.-8th Floor City & State 28 New York NY Zip 29 10021-8087 Country 30 45
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	TISCH, PRESTON R	
STREET ADDRESS	3 TIMBER TRAIL	
CITY-ST-ZIP	RYE NY 10580	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	TISCH, LAURENCE A.	
STREET ADDRESS	NO. MANURSING ISLAND	
CITY-ST-ZIP	RYE NY 10580	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BLOOM, BARRY L	
STREET ADDRESS	46 WOODMERE DR	
CITY-ST-ZIP	SUMMIT NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **Pub R - 2002 (212) 521-2930**

CP2E037 (10/97)