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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721995 (9)

1. Corporation Name
TISCH FOUNDATION, INC. *ok*

Principal Place of Business Mailing Address
C/O BARRY L. BLOOM C/O BARRY L. BLOOM
655 MADISON AVE. 8TH FLOOR 655 MADISON AVE. 8TH FLOOR
NEW YORK, NY 10021-8087 NEW YORK, NY 10021-8087
US US

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 11/02/1971
22 City & State 27 City & State 4. FEI Number 59-1002844 Applied For Not Applicable
23 Zip Country 28 Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
24 25 29 30 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 81 Name
1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable)
SUITE 105 83
TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P/D DELETE
NAME TISCH, PRESTON R
STREET ADDRESS 3 TIMBER TRAIL
CITY-ST-ZIP RYE NY 10580
TITLE V/D DELETE
NAME TISCH, LAURENCE A.
STREET ADDRESS NO. MANURSING ISLAND
CITY-ST-ZIP RYE NY 10580
TITLE ST DELETE
NAME BLOOM, BARRY L.
STREET ADDRESS 46 WOODMERE DR
CITY-ST-ZIP SUMMIT, NJ 07901
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Preston R. Tisch* 2/9/99 (212)521-2930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)