


2007 'NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 721995
 1. Entity Name
 TISCH FOUNDATION, INC.



Principal Place of Business
 C/O BARRY L BLOOM
 655 MADISON AVE, 19TH FLOOR
 NEW YORK, NY 10021-8087 US

Mailing Address
 C/O BARRY L BLOOM
 655 MADISON AVE, 19TH FLOOR
 NEW YORK, NY 10021-8087 US



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1002844

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 CORPORATION SYSTEM INC.
 1201 HAYS 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 _____ DATE _____

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

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BLOOM, BARRY L 655 MADISON AVE, 19TH FLOOR NEW YORK, NY 100218087 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KRINSKY, MARK J 655 MADISON AVE, 19TH FLOOR NEW YORK, NY 100218087 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TISCH, JOAN H 655 MADISON AVE., 19TH FLR NEW YORK, NY 100218087 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TISCH, WILMA S 655 MADISON AVE, 19TH FLOOR NEW YORK, NY 100218087 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000580363
 01/10/07-80043-016 61.25

DO NOT WRITE IN THIS SPACE

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 617, 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]* **SECRETARY** *[Signature] **Treasurer** 1/4/07 (212) 521-3930*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #