


FILE NOW: FILING FEE IS \$61.25

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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	Mailing Address
C/O BARRY BLOOM 667 MADISON AVE. NEW YORK NY 10021-8087	C/O BARRY BLOOM 667 MADISON AVE. NEW YORK NY 10021-8087

3. Date Incorporated or Qualified

11/02/1971

4. FEI Number

59-1002844

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
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	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

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

10. Name and Address of New Registered Agent

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

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TISCH, PRESTON R	1.2 NAME	
STREET ADDRESS	3 TIMBER TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY 10580	1.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TISCH, LAURENCE A.	2.2 NAME	
STREET ADDRESS	NO. MANURSING ISLAND	2.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY 10580	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, BARRY L	3.2 NAME	
STREET ADDRESS	46 WOODMERE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMIT NJ	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Signature Required *Pres R Tisch (212) 521-2930*

CR2E037 (10/97)