

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 MAR -7 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 721995 (9)**

1. Corporation Name

**TISCH FOUNDATION, INC.**

Principal Place of Business

c/o E. Jack Beatus, CPA  
667 Madison Ave.  
New York, N.Y. 10021-8087

Mailing Address

c/o E. Jack Beatus, CPA  
667 Madison Ave.  
New York, N.Y. 10021-8087

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/02/1971</b>	3a. Date of Last Report <b>02/10/1994</b>
4. FEI Number <b>59-1002844</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
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		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

**9. Name and Address of Current Registered Agent**

**THE PRENTICE HALL CORP. SYSTEM, INC.**  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE, FL. 32301

**10. Name and Address of New Registered Agent**

81 Name <b>THE PRENTICE-HALL CORP. SYSTEM, INC.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYES STREET</b>
83 <b>SUITE 105</b>
84 City <b>TALLAHASSEE, FL</b>
85 Zip Code <b>32301</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>Tisch, Preston R.</b>
STREET ADDRESS	<b>5 Timber Trail</b>
CITY - ST - ZIP	<b>Harrison, N.Y. 10580</b>
TITLE	<b>D</b>
NAME	<b>Tisch, Laurence A.</b>
STREET ADDRESS	<b>No. Manursing Island</b>
CITY - ST - ZIP	<b>Rye, N.Y. 10580</b>
TITLE	<b>D</b>
NAME	<b>Beatus, E. Jack</b>
STREET ADDRESS	<b>31 Bloomingdale Drive</b>
CITY - ST - ZIP	<b>Scarsdale, N.Y. 10583</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Tisch Preston R.</b>	
1.3 STREET ADDRESS	<b>3 Timber Trail</b>	
1.4 CITY - ST - ZIP	<b>Rye, N.Y. 10580</b>	
2.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Tisch, Laurence A.</b>	
2.3 STREET ADDRESS	<b>No. Manursing Island</b>	
2.4 CITY - ST - ZIP	<b>Rye, N.Y. 10580</b>	
3.1 TITLE	<b>S/D/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Beatus, E. Jack</b>	
3.3 STREET ADDRESS	<b>31 Bloomingdale Drive</b>	
3.4 CITY - ST - ZIP	<b>Scarsdale, N.Y. 10583</b>	
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		

3/17/95  
MFT

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 110.07(3)(b), 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: *Sandra B. Mortham* **2/24/95** (212) 5745-2930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR