FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

OCL	JMENT	# 7219	95 (9)
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DOCUMENT # 721995 (1. Corporation Name	9)				•	
Tisch Foundation, Inc	l•			・		
Principal Prace of Business c/o Barry Bloom	Mailing Address c/o Barry F 667 Madisor	3loom	<u>क्षित्र क</u> nue	This is good that the te		
667 Madison Avenue New York, NY 10021-8087	New York. N	IY 10	021-80	87	Date of Last Report	
New York, NI 10021-000	New 101my			t the state of the	2/24/95	
				11/02/1971	Applied For	
2. Principal Place of Business	2a. Mailing Address		59-1002844	Not Applicable		
21	Suite, Apt. #, etc.			\$8.75 Additional		
Suite, Apt #, etc	27 Suite, Apr. #, etc.			5. Certificate of Status Desired	Fee Required	
Cru & State	City & State			6. Election Campaign Financing	\$5.00 May Be	
City & State	28			Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Cour	ntry	8. This corporation has liability for intang	ible tax under s. 199.032,	
24 25	29	30		Florida Statutes Yes		
9. Name and Address of Current	Registered Agent		04 11	10. Name and Address of New Register	ed Agent	
The Prentice-HALL Corp	. System, In	c.	81 Name			
1201 Hayes Street	•	Ī	82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
Suite 105		-	83			
Tallahassee, FL 32301			•3			
Tarranassee, 12 eres			84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502	LOTATION Florido Ptote	ton the at	ove-named co	in the this statement for the purpor	se of changing its registered	
 Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation. 	of Florida. Such change was tions of, Section 617.0503, F	authorized lorida Stat	by the corpor utes	ation's board of directors. I hereby accept the	appointment as registered	
SIGNATURE	thic this	TE Bensiere	Apent signature rec	quired when reinstating) DA		
Signature typed or printed name of registered agen Signature Typed or printed name of registered agen OFFICERS AND	1810110 1897	13.	7 Ngo 11 Signatur	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
12. OFFICERS AND	DELETE	11 %	TLE		Change Addition	
NAME Tisch, Preston	R.	12 N	AME			
SIPEET ADDRESS 5 Timber Trail	A. •	1.3 \$1	1.3 STREET ADDRESS			
CITY-SI-ZIP Harrison, NY 10	580	1.4 CI	TY - ST - ZIP		Change Addition	
	DELETE	213	TLE		Cliffinds Clivoquion	
NAME V/D Tisch , Laurence	e A.	2 2 N	AME			
STREET ADDRESS North Manursing		235	TREET ADDRESS			
CITY ST-ZIP Rye, NY 10580			CITY-ST-ZIP		Change Addition	
TIPLE S/D/T	DELETE	31 T		S/D/T		
NAME Beatus, E. Jack		32 N	AMÉ]	Beatus, E. Jack		
STREET ADDRESS 31 Bloomingdale	Drive		TREET ADDRESS	31 Bloomingdale Driv	е	
CHY-ST-ZP Scarsdale, NY 1	0583	34 (CITY-ST-ZIP	Scarsdale, NY 10583	Change Addition	
TITLE			NAME			
NAME			TREET ADDRESS			
STREET ADDRESS		1	CITY-ST-ZIP			
CITY ST-7IP	DELETE	511		00000170	Change Addition	
MitE	[IAME	600001734 -03/06/9601098 ***61.25	も に得じ に-012	
NAME		- 6	STREET ADDRESS	***54 JL 	012	
STREET ADDRESS			CITY-ST-ZIP	本本本む1.∠ 5		
CITY ST-ZIP	DELETE		IITLE		Change Addition	
NAME		62	NAME		\mathcal{V}_{1}	
STREET ADDRESS		63	STREET ADDRESS		1 7 0	
1		64	CITY - ST - ZIP		AT(2)(k) Florida Statutas I	
14. I do hereby certify that the information supplie	d with this filing is voluntarily	y furnished	and does not	qualify for the exemption stated in Section 115 rue and accurate and that my signature shall h	have the same legal effect as if	

for hereby certify that the information supplied with this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if 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 AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/28/76 (212) 545-2930.