

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 26 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 721995 (9)**

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



Principal Place of Business <b>C/O BARRY BLOOM                  667 MADISON AVE.                  NEW YORK NY 10021-8087</b>	Mailing Address <b>C/O BARRY BLOOM                  667 MADISON AVE.                  NEW YORK NY 10021-8087</b>
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3. Date Incorporated or Qualified  
**11/02/1971**

4. FEI Number  
**59-1002844**

Applied For  
 Not Applicable

2. Principal Place of Business <b>21 c/o BARRY L. BLOOM</b> Suite, Apt. #, etc. <b>22 655 MADISON AVE.-8th Floor</b> City & State <b>23 New York NY</b> Zip <b>24 10021-8087</b> Country <b>25 US</b>	2a. Mailing Address <b>26 c/o BARRY L. BLOOM</b> Suite, Apt. #, etc. <b>27 655 MADISON AVE.-8th Floor</b> City & State <b>28 New York NY</b> Zip <b>29 10021-8087</b> Country <b>30 US</b>
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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

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE
NAME	<b>TISCH, PRESTON R</b>	
STREET ADDRESS	<b>3 TIMBER TRAIL</b>	
CITY-ST-ZIP	<b>RYE NY 10580</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> DELETE
NAME	<b>TISCH, LAURENCE A.</b>	
STREET ADDRESS	<b>NO. MANURSING ISLAND</b>	
CITY-ST-ZIP	<b>RYE NY 10580</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>BLOOM, BARRY L</b>	
STREET ADDRESS	<b>46 WOODMERE DR</b>	
CITY-ST-ZIP	<b>SUMMIT NJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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 \_\_\_\_\_ **Pub R - 2002 (212) 521-2930**

CP2E037 (10/97)