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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 721995 (9)

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

Principal Place of Business Mailing Address  
C/O BARRY L. BLOOM C/O BARRY L. BLOOM  
655 MADISON AVE. 8TH FLOOR 655 MADISON AVE. 8TH FLOOR  
NEW YORK, NY 10021-8087 NEW YORK, NY 10021-8087  
US US

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified  
21 26 11/02/1971  
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For  
22 27 59-1002844 Not Applicable  
City & State City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 28  
Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be Added to Fees  
24 25 29 30 Trust Fund Contribution

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
THE PRENTICE-HALL CORPORATION SYSTEM INC. 81 Name  
1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable)  
SUITE 105 83  
TALLAHASSEE FL 32301 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 [ ] DELETE 1.1 TITLE [ ] Change [ ] 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 [ ] DELETE 2.1 TITLE [ ] Change [ ] 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 [ ] DELETE 3.1 TITLE [ ] Change [ ] Addition  
NAME BLOOM, BARRY L. 3.2 NAME  
STREET ADDRESS 46 WOODMERE DR 3.3 STREET ADDRESS  
CITY-ST-ZIP SUMMIT, NJ 07901 3.4 CITY-ST-ZIP  
TITLE [ ] DELETE 4.1 TITLE [ ] Change [ ] Addition  
NAME 4.2 NAME  
STREET ADDRESS 4.3 STREET ADDRESS  
CITY-ST-ZIP 4.4 CITY-ST-ZIP  
TITLE [ ] DELETE 5.1 TITLE [ ] Change [ ] Addition  
NAME 5.2 NAME  
STREET ADDRESS 5.3 STREET ADDRESS  
CITY-ST-ZIP 5.4 CITY-ST-ZIP  
TITLE [ ] DELETE 6.1 TITLE [ ] Change [ ] 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, with all other like empowered.

SIGNATURE: *Preston R. Tisch* 2/9/99 (212)521-2930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)