


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 721995 1. Entity Name TISCH FOUNDATION, INC.	
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Principal Place of Business C/O BARRY L BLOOM 655 MADISON AVE, 19TH FLOOR NEW YORK, NY 10021-8087 US	Mailing Address C/O BARRY L BLOOM 655 MADISON AVE, 19TH FLOOR NEW YORK, NY 10021-8087 US
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1002844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D TISCH, PRESTON R 655 MADISON AVE, 19TH FLOOR NEW YORK, NY 100218087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BLOOM, BARRY L 655 MADISON AVE, 19TH FLOOR NEW YORK, NY 100218087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KRINSKY, MARK J 655 MADISON AVE, 19TH FLOOR NEW YORK, NY 100218087
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01/20/05-80049-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry L. Bloom SECRETARY & TREASURER (212) 521-2930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/19/05