


# 2007 'NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

|   |   |   |
|---|---|---|
| <b>DOCUMENT # 721995</b>  |   |  |
| 1. Entity Name<br>TISCH FOUNDATION, INC.  |   |   |
| Principal Place of Business<br>C/O BARRY L BLOOM<br>655 MADISON AVE, 19TH FLOOR<br>NEW YORK, NY 10021-8087 US | Mailing Address<br>C/O BARRY L BLOOM<br>655 MADISON AVE, 19TH FLOOR<br>NEW YORK, NY 10021-8087 US |   |



01042007 No Chg-NP CR2E037 (4/06)

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

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>THE PRENTICE-HALL CORPORATION SYSTEM INC.<br>1201 HAYS STREET<br>SUITE 105<br>TALLAHASSEE, FL 32301 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>BLOOM, BARRY L<br>655 MADISON AVE, 19TH FLOOR<br>NEW YORK, NY 100218087 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>KRINSKY, MARK J<br>655 MADISON AVE, 19TH FLOOR<br>NEW YORK, NY 100218087 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>TISCH, JOAN H<br>655 MADISON AVE., 19TH FLR<br>NEW YORK, NY 100218087    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>TISCH, WILMA S<br>655 MADISON AVE, 19TH FLOOR<br>NEW YORK, NY 100218087  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000580363  
01/10/07-80043-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** SECRETARY TREASURER 1/4/07 (212) 521-2930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #