


**2007 'NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # 721995**  
 1. Entity Name  
 TISCH FOUNDATION, INC.



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



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-1002844 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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

**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 \_\_\_\_\_ 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	ST
NAME	BLOOM, BARRY L
STREET ADDRESS	655 MADISON AVE, 19TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 100218087
TITLE	V
NAME	KRINSKY, MARK J
STREET ADDRESS	655 MADISON AVE, 19TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 100218087
TITLE	P
NAME	TISCH, JOAN H
STREET ADDRESS	655 MADISON AVE., 19TH FLR
CITY-ST-ZIP	NEW YORK, NY 100218087
TITLE	P
NAME	TISCH, WILMA S
STREET ADDRESS	655 MADISON AVE, 19TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 100218087
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000580363  
 01/10/07-80043-016 61.25

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:** *[Signature]* SECRETARY *[Signature]* TREASURER 1/4/07 (212) 521-2930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #