

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90025 008 \*\*\*\*61.25

**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

40015963



01082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

C/O BARRY L. BLOOM

3. Mailing Address

C/O BARRY L. BLOOM

Suite, Apt. #, etc.

655 MADISON AVE, 19TH FLOOR

Suite, Apt. #, etc.

655 MADISON AVE, 19TH FLOOR

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10065

Country

US

Zip

10065

Country

US

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
BLOOM, BARRY L  
655 MADISON AVE, 19TH FLOOR  
NEW YORK, NY 100218087 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
KRINSKY, MARK J  
655 MADISON AVE, 19TH FLOOR  
NEW YORK, NY 100218087 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
TISCH, JOAN H  
655 MADISON AVE., 19TH FLR  
NEW YORK, NY 100218087 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
TISCH, WILMA S  
655 MADISON AVE, 19TH FLOOR  
NEW YORK, NY 100218087 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
BLOOM, BARRY L.  
655 MADISON AVE, 19TH FLOOR  
NEW YORK, NY 10065 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
KRINSKY, MARK J.  
655 MADISON AVE, 19TH FLOOR  
NEW YORK, NY 10065 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
TISCH, JOAN H.  
655 MADISON AVE, 19TH FLOOR  
NEW YORK, NY 10065 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
TISCH, WILMA S.  
655 MADISON AVE, 19TH FLOOR  
NEW YORK, NY 10065 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/08 (nv) 521-2930