

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721995

FILED
Jan 23, 2009
Secretary of State

Entity Name: TISCH FOUNDATION, INC.

Current Principal Place of Business:

C/O BARRY L BLOOM
655 MADISON AVE, 19TH FLOOR
NEW YORK, NY 10065 US

New Principal Place of Business:

Current Mailing Address:

C/O BARRY L BLOOM
655 MADISON AVE, 19TH FLOOR
NEW YORK, NY 10065 US

New Mailing Address:

FEI Number: 59-1002844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BLOOM, BARRY L
Address: 655 MADISON AVE. 19TH FLOOR
City-St-Zip: NEW YORK, NY 10065

Title: V () Delete
Name: KRINSKY, MARY J
Address: 655 MADISON AVE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10065

Title: P () Delete
Name: TISCH, JOAN H
Address: 655 MADISON AVE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10065

Title: P () Delete
Name: TISCH, WILMA S
Address: 655 MADISON AVE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILMA S. TISCH

PRES

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date