2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91069 007 ***158.75

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1. Entity Name
THR DOLPHIN CORP.

94083044

Principal Place of Business	Mailing Address
666 FIFTH AVENUE NEW YORK, NY 10103	C/O TISHMAN ASSET CORPORATION 666 5TH AVE., 36TH FLOOR NEW YORK, NY 10103

04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3972099
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FILDES, RICHARD J
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CCEO
NAME	VICKERS, JOHN A
STREET ADDRESS	666 FIFTH AVENUE, 36TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10103
TITLE	D
NAME	TISHMAN, JOHN L
STREET ADDRESS	666 FIFTH AVENUE, 36TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10103
TITLE	D/P
NAME	SALES, WILLIAM J
STREET ADDRESS	666 FIFTH AVENUE, 36TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10103
TITLE	D
NAME	JOHNSON, JULIANA C
STREET ADDRESS	666 FIFTH AVENUE, 36TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10103
TITLE	D
NAME	ECHEVARRIA, EVELYN
STREET ADDRESS	6707 FAIRVIEW RD., STE D
CITY-ST-ZIP	CHARLOTTE, NC 28210
TITLE	1VP
NAME	ENGFER, DONALD
STREET ADDRESS	666 FIFTH AVE
CITY-ST-ZIP	NEW YORK, NY 10103

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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] Larry Schwarzwalder Treasurer 4/26/04 212-399-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #