

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000006485 1. Entity Name THR DOLPHIN CORP.	
--	---

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

DO NOT WRITE IN THIS SPACE



04062006 No Chg-P CR2E034 (11/05)

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

**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 _____ (NOTE: Registered Agent signature required when restating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

000000529381
05/05/06-80071-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: Larry Schwaigwald Treasurer 4/11/06 212-708-6843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #