


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000000374  
 1. Entity Name  
 TISHMAN HOTEL CORPORATION



Principal Place of Business  
 666 FIFTH AVENUE 36TH FLOOR  
 NEW YORK, NY 10103

Mailing Address  
 666 FIFTH AVENUE 36TH FLOOR  
 NEW YORK, NY 10103



**DO NOT WRITE IN THIS SPACE**

04062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 22-3544998  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

000000323431  
 04/22/05-80051-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEOC
NAME	VICKERS, JOHN A
STREET ADDRESS	666 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10103
TITLE	P
NAME	MCCREARY, WILLIAM
STREET ADDRESS	666 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10103
TITLE	EV
NAME	LIVINGSTON, JOHN T
STREET ADDRESS	666 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10103
TITLE	EV
NAME	SALES, WILLIAM J
STREET ADDRESS	666 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10103
TITLE	EV
NAME	SIMONE, JOSEPH J
STREET ADDRESS	666 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10103
TITLE	EVD
NAME	TISHMAN, DANIEL R
STREET ADDRESS	666 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10103

**DO NOT WRITE IN THIS SPACE**

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: Jay Schwaigald 4/18/05 212-708-6843  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Treasurer