


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 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



04062006 No Chg-P CR2E034 (11/05)

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

**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	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

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 05/05/06-80071-016 150.00

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 an other like empowered.

SIGNATURE: Jerry Schwayzald Treasurer Date: 4/11/06 Daytime Phone #: 212-708-6843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR