#### **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

#### DOCUMENT # F9800000374

1. Entity Name

**TISHMAN HOTEL CORPORATION** 



**FILED** Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

666 FIFTH AVENUE 36TH FLOOR NEW YORK, NY 10103

Mailing Address

666 FIFTH AVENUE 36TH FLOOR NEW YORK, NY 10103



04102007

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

DO NOT WRITE IN THIS SPACE

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	rite if applicable (NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00	9. Election Campaign Financing \$5.00 May Be		

# After May 1, 2007 Fee will be \$550.00

Trust Fund Contribution.

Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	CEOC
NAME	VICKERS, JOHN A
STREET ADDRESS	
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
STEET 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
12. I hereby s	certify that the information supplied with this filling does not qualify for the ex-

### DO NOT WRITE IN THIS SPACE

U00000733260 05/09/07-80079-003 150.00

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 received in 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

**SIGNATURE**