


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 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
--	--



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3544998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008 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	CEOC VICKERS, JOHN A 666 FIFTH AVENUE NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCREARY, WILLIAM 666 FIFTH AVENUE NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV LIVINGSTON, JOHN T 666 FIFTH AVENUE NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV SALES, WILLIAM J 666 FIFTH AVENUE NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV SIMONE, JOSEPH J 666 FIFTH AVENUE NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD TISHMAN, DANIEL R 666 FIFTH AVENUE NEW YORK, NY 10103

U00000924492
 05/19/08-80003-018 150.00

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 Schwarzwald* *Larry Schwarzwald, Treas.* 4/21/08 212-708-6143
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #