

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91245 047 ***158.75

DOCUMENT # F98000000375

1. Entity Name

THR DEVELOPMENT MANAGEMENT INC.



Principal Place of Business

% TISHMAN ASSET CORPORATION
666 FIFTH AVENUE
NEW YORK, NY 10103

Mailing Address

% TISHMAN ASSET CORPORATION
666 FIFTH AVENUE
NEW YORK, NY 10103

94083604



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3972097

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
NEW YORK, NY 10103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SALES, WILLIAM J
666 FIFTH AVENUE
NEW YORK, NY 10103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EV
LIVINGSTON, JOHN
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
EV
TISHMAN, DANIEL R
666 FIFTH AVENUE
NEW YORK, NY 10103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BUSCEMI, GARY
666 FIFTH AVENUE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry Schwarzwald *Treasurer* 4/16/04 212-399-3600