

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G48470

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** TISHMAN REALTY CORPORATION OF CENTRAL FLORIDA

**Current Principal Place of Business:**

666 FIFTH AVE.  
36TH FLOOR  
NEW YORK, NY 10103 US

**New Principal Place of Business:**

**Current Mailing Address:**

666 FIFTH AVE.  
36TH FLOOR  
NEW YORK, NY 10103 US

**New Mailing Address:**

**FEI Number:** 13-3171108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: SCHWARZWALDER, LARRY  
Address: % 666 5TH AVE  
City-St-Zip: NEW YORK, NY 10103,

Title: DPEO ( ) Delete  
Name: TISHMAN, JOHN  
Address: % 666 5TH AVENUE  
City-St-Zip: NEW YORK, NY

Title: P ( ) Delete  
Name: VICKERS, JOHN  
Address: 666 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY

Title: S ( ) Delete  
Name: KOTOUN, KATHLEEN  
Address: % 666 5TH AVENUE  
City-St-Zip: NEW YORK, NY

Title: DEVP ( ) Delete  
Name: TISHMAN, DANIEL  
Address: 666 5 AVE  
City-St-Zip: NEW YORK, NY

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY SCHWARZWALDER

T

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date