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FILED

Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J99813

(4)

1. Corporation Name

TISHMAN HOTEL CORPORATION

Principal Place of Business

% TISHMAN REALTY CORPORATION OF FLORIDA  
666 FIFTH AVENUE, 36TH FLOOR  
NEW YORK NY 10103

Mailing Address

% TISHMAN REALTY CORPORATION OF FLORIDA  
666 FIFTH AVENUE, 36TH FLOOR  
NEW YORK NY 10103-3699

3. Date Incorporated or Qualified

11/02/1987

3a. Date of Last Report

04/17/1996

4. FEI Number

13-3433137

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCEO  
NAME VICKERS, JOHN  
STREET ADDRESS 666 FIFTH AVENUE  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE COO  
NAME GRISWOLD, JOHN  
STREET ADDRESS 1200 EPCOT RESORT BLVD.  
CITY-ST-ZIP LAKE BUENA VISTA FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DC  
NAME TISHMAN, JOHN L.  
STREET ADDRESS TISHMAN REALTY, 666 5 AVE  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S  
NAME SCHWARZWALDER, LARRY  
STREET ADDRESS 666 5TH AVE.  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S  
NAME KOTOUN, KATHLEEN  
STREET ADDRESS 666 5TH AVE.  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DEVP  
NAME TISHMAN, DANIEL  
STREET ADDRESS 84 STAT STREET  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☒ Change

☐ Addition

D.EVP  
Tishman, Daniel  
666 Fifth Avenue  
New York, N.Y. 10103

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/97

212-399-3697

0006482

CR2E034 (9/96)