

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L79086 (9)

1. Corporation Name

TISHMAN RIALTO MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

% THE PRENTICE-HALL CORPORATION SYSTEM INC
666 FIFTH AVE. 36TH FLOOR
NEW YORK NY 10103

% THE PRENTICE-HALL CORPORATION SYSTEM INC
666 FIFTH AVE. 36TH FLOOR
NEW YORK NY 10103

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
06/11/1990

3a. Date of Last Report
04/19/1995

4. FEI Number

13-3571991

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

10. Name and Address of New Registered Agent

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

TITLE CD ☐ DELETE

NAME TISHMAN, JOHN L.
STREET ADDRESS 666 5TH AVE.
CITY-STATE-ZIP NEW YORK NY

TITLE T ☐ DELETE

NAME SCHWARZWALDER, LARRY
STREET ADDRESS 666 FIFTH AVENUE
CITY-STATE-ZIP NEW YORK NY

TITLE S ☐ DELETE

NAME KOTOUN, KATHLEEN
STREET ADDRESS 666 FIFTH AVENUE
CITY-STATE-ZIP NEW YORK NY

TITLE DVP ☐ DELETE

NAME TISHMAN, DANIEL
STREET ADDRESS 84 STATE ST
CITY-STATE-ZIP BOSTON MA

TITLE P ☐ DELETE

NAME VICKERS, JOHN
STREET ADDRESS 666 FIFTH AVENUE
CITY-STATE-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

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

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/9/96

TISHMAN

212-399-3637

CR2E034 (12/95)