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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 # L79086 (9)

1. Corporation Name

TISHMAN RIALTO MANAGEMENT CORPORATION

Principal Place of Business

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

Mailing Address

% THE PRENTICE-HALL CORPORATION SYSTEM INC  
666 FIFTH AVE. 36TH FLOOR  
NEW YORK NY 10103-3699

3. Date Incorporated or Qualified  
06/11/1990

3a. Date of Last Report  
04/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

☐ DELETE

TITLE T  
NAME SCHWARZWALDER, LARRY  
STREET ADDRESS 666 FIFTH AVENUE  
CITY- ST- ZIP NEW YORK NY

☐ DELETE

TITLE S  
NAME KOTOUN, KATHLEEN  
STREET ADDRESS 666 FIFTH AVENUE  
CITY- ST- ZIP NEW YORK NY

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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 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:

*Larry Schwarzwald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

Date

212-399-5637

Daytime Phone #

0006478

CR2E034 (9/96)