2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79086 1. Entity Name * TISHMAN RIALTO MANAGEMENT CORPORATION Principal Place of Business Mailing Address % THE PRENTICE-HALL CORPORATION SYSTEM INC % THE PRENTICE-HALL CORPORATION SYSTEM INC 666 FIFTH AVE. 36TH FLOOR 666 FIFTH AVE, 36TH FLOOR NEW YORK NY 10103 NEW YORK NY 10103

FILED May 16, 2001 8:00 am Secretary of State

05-16-2001 90243 007 ***150.00

977344



Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Plant Agent Signature (P.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 City FL Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and late of applicable. (NOTE Registered Agent signature required when renaturing) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) SIGNATURE TITLE CD After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE CD Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP NAME SCHWARZWALDER, LARRY 666 FIFTH AVENUE NEW YORK NY CITY-ST-ZIP NAME SCHWARZWALDER, LARRY 666 FIFTH AVENUE NEW YORK NY CITY-ST-ZIP NAME SCHOOLN, KATHLEEN NAME SCHOOLN, KATHLEEN NAME SCHOOLN, KATHLEEN NAME KOTOUN, KATHLEEN	2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Zip Country Zip Country 5. Certificate of Status Desired										
Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Addition Fee Required	City & Stat	te	City & State		4. 1	13-3571991			oplied For	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 City City FL Zip Code City FL Zip Code City FL Zip Code City FL Cit	Zip	Country	Zip	Country	5. (Certificate of Status Desired		8.75 Add	ditional	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 City FL Zip Code City FL Zip Code City FL Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and late if applicable. NOTE: Registered Agent signature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) TITLE CD OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE CD OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 STREET ADDRESS G66 5TH AVE. G77-ST-ZIP NEW YORK NY TITLE T OPEICE STREET ADDRESS G66 FIFTH AVENUE SCHWARZWALDER, LARRY SOCHWARZWALDER, LARRY SOCHWARZWALDER, LARRY SOCHWARZWALDER, LARRY SOCHWARZWALDER, LARRY SOCHWARZWALDER, LARRY SIREET ADDRESS G66 FIFTH AVENUE SIREET ADDRESS G67-Y-ST-ZIP NEW YORK NY TITLE T OPEICE T ORDER SIREET ADDRESS G67-Y-ST-ZIP NEW YORK NY SIREET ADDRESS G68 FIFTH AVENUE SIREET ADDRESS G69 FIFTH AVENUE SIREET ADDRESS G69 FIFTH AVENUE SIREET ADDRESS G60 FIFTH	<u>~ .~ </u>	6. Name and Address of Current	Registered Agent		7. N	Name and Address of New Reg	istered A	gent		
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. SIGNATURE Signature, typod or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating)	1201	1 HAYS STREET								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Part Pa				City			FL	Zip Cod	e	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. TITLE NAME TISHMAN, JOHN L. STREET ADDRESS G66 5TH AVE. NEW YORK NY TITLE T Delete TITLE NAME SCHWARZWALDER, LARRY STREET ADDRESS STR	8. The above	e named entity submits this statement for	r the purpose of changing its	registered office or reg	gistered ag	ent, or both, in the State of Florid	a.			
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TISHMAN, JOHN L. STREET ADDRESS CITY-ST-ZIP ITILE T Delete TITLE SCHWARZWALDER, LARRY STREET ADDRESS CITY-ST-ZIP NAME SCHWARZWALDER, LARRY STREET ADDRESS CITY-ST-ZIP NEW YORK NY TILE T Delete TITLE SCHWARZWALDER, LARRY STREET ADDRESS CITY-ST-ZIP NEW YORK NY TITLE T Delete TITLE NAME SCHWARZWALDER, LARRY STREET ADDRESS CITY-ST-ZIP NEW YORK NY TITLE T Change T Chang	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature re	quired when re	instating)	DATE		·	
TITLE CD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YORK NY TITLE T SCHWARZWALDER, LARRY STREET ADDRESS CITY-ST-ZIP TITLE NAME KOTOUN, KATHLEEN Delete NAME	Tax filing r	requirement and elects to do so.	01 Fee will be \$550.			-				
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE T SCHWARZWALDER, LARRY 666 FIFTH AVENUE NEW YORK NY STREET ADDRESS CITY-ST-ZIP TITLE T SCHWARZWALDER, LARRY STREET ADDRESS CITY-ST-ZIP NEW YORK NY STREET ADDRESS CITY-ST-ZIP NEW YORK NY STREET ADDRESS CITY-ST-ZIP NEW YORK NY STREET ADDRESS CITY-ST-ZIP NAME KOTOUN, KATHLEEN NAME NAME	11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND I	DIRECTORS	3 IN 11	
NAME SCHWARZWALDER, LARRY NAME STREET ADDRESS CITY-ST-ZIP NEW YORK NY CITY-ST-ZIP NAME NAME SCHWARZWALDER, LARRY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHange CITY-ST-ZIP NAME NAME NAME	NAME STREET ADDRESS	TISHMAN, JOHN L. 666 5TH AVE.	□ Delete	NAME STREET ADDRESS				☐ Change	☐ Addition	
NAME KOTOUN, KATHLEEN NAME	NAME STREET ADDRESS	666 FIFTH AVENUE	☐ Delete	NAME STREET ADDRESS,				☐ Change	☐ Addition	
CITY-ST-ZIP NEW YORK NY CITY-ST-ZIP	NAME STREET ADDRESS	KOTOUN, KATHLEEN 666 FIFTH AVENUE	☐ Delete-	NAME STREET ADDRESS				☐ Change	☐ Addition	
DDD	NAME STREET ADDRESS	DEVP TISHMAN, DANIEL 666 5 AVE	☐ Delete	NAME STREET ADDRESS				☐ Change	☐ Addition	
7000	NAME STREET ADDRESS	DCOO VICKERS, JOHN 666 FIFTH AVENUE	☐ Delete	NAME STREET ADDRESS				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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 supplied with the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP	partiful that the information according to		NAME STREET ADDRESS CITY-ST-ZIP	. 01	MOTOVO EL LICA			☐ Addition	

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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF