

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721995

**Entity Name:** TISCH FOUNDATION, INC.

**Current Principal Place of Business:**

655 MADISON AVE, 11TH FLOOR  
NEW YORK, NY 10065-8043

**Current Mailing Address:**

655 MADISON AVE, 11TH FLOOR  
NEW YORK, NY 10065-8043 US

**FEI Number:** 59-1002844

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           BLOOM, BARRY L  
Address        655 MADISON AVE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10065

Title           PRESIDENT  
Name           TISCH, WILMA S  
Address        655 MADISON AVE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10065

Title           VP  
Name           TISCH, ANDREW H  
Address        655 MADISON AVE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10065

Title           VP  
Name           TISCH, DANIEL R  
Address        655 MADISON AVE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10065

Title           VP  
Name           TISCH, JAMES S  
Address        655 MADISON AVE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10065

Title           VP  
Name           TISCH, THOMAS J  
Address        655 MADISON AVE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10065

Title           VP  
Name           TISCH, STEVEN E  
Address        655 MADISON AVE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10065

Title           VP  
Name           TISCH, LAURIE M  
Address        655 MADISON AVE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10065

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*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BARRY L. BLOOM**

**TREASURER**

**01/14/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name TISCH, JONATHAN M  
Address 655 MADISON AVE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10065

Title SECRETARY  
Name HIRSCHFELD, ALAN H  
Address 655 MADISON AVENUE, 11 FL  
City-State-Zip: NEW YORK NY 10065