

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT \*  
**1996**



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

**DOCUMENT # 763549 (3)**

1. Corporation Name

**BRISTOL-MYERS SQUIBB FOUNDATION, INC.**



Principal Place of Business

**345 PARK AVE.  
NEW YORK NY 10154**

Mailing Address

**345 PARK AVE.  
NEW YORK NY 10154**

3. Date Incorporated or Qualified  
**06/03/1982**

3a. Date of Last Report  
**05/19/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

29

Zip

Country

4. FEI Number

**13-3127947**

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

**FALCON, HOWARD J., JR.  
125 WORTH AVENUE  
PALM BEACH FL**

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 617.0502 and 617.1508, 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 617.0503, 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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HEIMBOLD, CHARLES A. J</b>	
STREET ADDRESS	<b>25 LEEWARD LANE</b>	
CITY-ST-ZIP	<b>RIVERSIDE CT</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GELB, RICHARD L</b>	
STREET ADDRESS	<b>1060 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCKENNA, FLORENCE</b>	
STREET ADDRESS	<b>1495 HIGHLAND RD</b>	
CITY-ST-ZIP	<b>CUTCHOGUE NY</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAMONTI, JOHN L.</b>	
STREET ADDRESS	<b>38 PROSPECT AVE.</b>	
CITY-ST-ZIP	<b>MONTCLAIR NJ</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BAINS, HARRISON M. J</b>	
STREET ADDRESS	<b>14 ESSEX RD.</b>	
CITY-ST-ZIP	<b>SUMMIT NJ</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KASA, PAMELA D.</b>	
STREET ADDRESS	<b>PHILIPSE BROOK RD.</b>	
CITY-ST-ZIP	<b>GARRISON NY</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>AS</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12 NAME	<b>RODRIGUEZ, TERESITA</b>		
13 STREET ADDRESS	<b>200 EAST 87th STREET</b>		
14 CITY-ST-ZIP	<b>NEW YORK, NY 10128</b>		
21 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME	<b>MEE, MICHAEL F.</b>		
23 STREET ADDRESS	<b>365 GARFIELD ROAD</b>		
24 CITY-ST-ZIP	<b>CONCORD, MA 01742</b>		
31 TITLE	<b>SKULE, JOHN L.</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
32 NAME	<b>97 WEST SHORE DRIVE</b>		
33 STREET ADDRESS	<b>PRINCETON, NJ 08534</b>		
34 CITY-ST-ZIP	<b>PRINCETON, NJ 08534</b>		
41 TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME	<b>DAMONTI, JOHN L.</b>		
43 STREET ADDRESS	<b>38 PROSPECT AVENUE</b>		
44 CITY-ST-ZIP	<b>MONTCLAIR, NJ 07042</b>		
51 TITLE	<b>AT</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
52 NAME	<b>CALDARELLA, JOSEPH C.</b>		
53 STREET ADDRESS	<b>591 SHELDON AVENUE</b>		
54 CITY-ST-ZIP	<b>STATEN ISLAND, NY 10312</b>		
61 TITLE	<b>S</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
62 NAME	<b>BRENNAN, ALICE C.</b>		
63 STREET ADDRESS	<b>271 MANOR ROAD</b>		
64 CITY-ST-ZIP	<b>RIDGEWOOD, NJ 07450</b>		

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 19.07(3)(k), Florida Statutes. I further certify 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

**John L. Damonti, President/Director 4/29/96 212-546-4566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)