
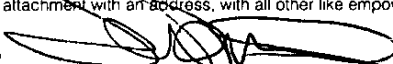


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90019 019 ****61.25

DOCUMENT # 763549					
1. Entity 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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3127947	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FALCON, HOWARD J., JR. 125 WORTH AVENUE PALM BEACH, FL			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMONTI, JOHN L		NAME		
STREET ADDRESS	10 PINE HILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	STOCKTON, NJ 08559		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALDONE, LAURIE		NAME	Lamberto Andreatti;	
STREET ADDRESS	190 WOOSAMONSA RD.		STREET ADDRESS	Rte 206 + Provincialine Rd	
CITY-ST-ZIP	PENNINGTON, NJ 08534		CITY-ST-ZIP	Princeton, NJ 08543	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEUNG, SANDRA		NAME		
STREET ADDRESS	100 HEMLOCK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06902		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAR, STEPHEN E		NAME	Robert T. Zito	
STREET ADDRESS	32 LINCOLN STREET		STREET ADDRESS	Rte 206 + Provincialine Rd	
CITY-ST-ZIP	LARCHMONT, NY 10538		CITY-ST-ZIP	Princeton NJ 08543	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DWYER, EDWARD		NAME	James M Cornelius	
STREET ADDRESS	100 OVERLOOK LANE		STREET ADDRESS	345 Park Avenue	
CITY-ST-ZIP	STAINT DAVIDS, PA 19087		CITY-ST-ZIP	NY NY 10154	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, RICHARD L		NAME	Richard L. Thompson	
STREET ADDRESS	1005 WOBURN CT.		STREET ADDRESS	655 15th St. NW	
CITY-ST-ZIP	MC LEAN, VA 22102		CITY-ST-ZIP	Washington DC 20005	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		John Damonti		5/1/08 212-546-4065	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	