

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 08, 2014
Secretary of State
CC2802611001

Entity Name: BRISTOL-MYERS SQUIBB FOUNDATION, INC.

Current Principal Place of Business:

345 PARK AVE.
NEW YORK, NY 10154

Current Mailing Address:

345 PARK AVE.
TAX DEPARTMENT, 3RD FLOOR
NEW YORK, NY 10154

FEI Number: 13-3127947

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FALCON, HOWARD J., JR.
125 WORTH AVENUE
PALM BEACH, FL 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 TRUSTEE
Name DAMONTI, JOHN L
Address 345 PARK AVENUE
City-State-Zip: NEW YORK NY 10154

Title TRUSTEE
Name ANDREOTTI, LAMBERTO
Address ROUTE 206 PROVINCE LINE ROAD
City-State-Zip: PRINCETON NJ 08543

Title TRUSTEE
Name LEUNG, SANDRA
Address 345 PARK AVENUE
City-State-Zip: NEW YORK NY 10154

Title TRUSTEE
Name CAFORIO, GIOVANNI
Address 777 SCUDDERS MILL ROAD
City-State-Zip: PLAINSBORO NJ 08536

Title TRUSTEE
Name DANIELS, BRIAN
Address ROUTE 206 & PROVINCE LINE ROAD
City-State-Zip: PRINCETON NJ 08543

Title TRUSTEE
Name BANCROFT, CHARLES
Address ROUTE 206 & PROVINCE LINE ROAD
City-State-Zip: PRINCETON NJ 08543

Title TRUSTEE
Name HELLER, FRAN
Address ROUTE 206 & PROVINCE LINE ROAD
City-State-Zip: PRINCETON NJ 08543

Title SECRETARY
Name VANATTEN, MARY
Address ROUTE 206 & PROVINCE LINE RD.
City-State-Zip: PRINCETON NJ 08543

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: JOHN DAMONTI

TRUSTEE

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date