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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 763549 (3)
1. Corporation Name

BRISTOL-MYERS SQUIBB FOUNDATION, INC.



Principal Place of Business Mailing Address
345 PARK AVE. NEW YORK NY 10154
345 PARK AVE. NEW YORK NY 10154-0004

3. Date Incorporated or Qualified 06/03/1982
3a. Date of Last Report 05/01/1996

| | | | | | |
|----|--------------------------------|---------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 26 | 4. FEI Number | Applied For |
| | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 13-3127947 | Not Applicable |
| 22 | City & State | City & State | 27 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | | | <input type="checkbox"/> | |
| 23 | Zip | Country | 28 | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | | | <input type="checkbox"/> | |
| 24 | 25 | 29 | 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEIMBOLD, CHARLES A. J | 1.2 NAME | |
| STREET ADDRESS | 25 LEEWARD LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | RIVERSIDE CT | 1.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, TERESITA | 2.2 NAME | |
| STREET ADDRESS | 200 E 87TH ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEE, MICHAEL F. | 3.2 NAME | |
| STREET ADDRESS | 385 GARFIELD RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CONCORD MA | 3.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAMONTI, JOHN L. | 4.2 NAME | |
| STREET ADDRESS | 38 PROSPECT AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MONTCLAIR NJ | 4.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAINS, HARRISON M. J | 5.2 NAME | |
| STREET ADDRESS | 14 ESSEX RD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SUMMIT NJ | 5.4 CITY-ST-ZIP | |
| TITLE | AT <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CALDARELLA, JOSEPH C. | 6.2 NAME | |
| STREET ADDRESS | 591 SHELDON AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | STATEN ISLAND NY | 6.4 CITY-ST-ZIP | |

14. I do 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 indicated on this annual report or supplemental annual 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 12 or Block 13 in whole or on an attachment with an address.

CR2E037 (9/96)