

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763549

**Entity Name:** BRISTOL-MYERS SQUIBB FOUNDATION, INC.

**Current Principal Place of Business:**

345 PARK AVE.  
NEW YORK, NY 10154

**FILED**  
**Apr 07, 2015**  
**Secretary of State**  
**CC7637561176**

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

Title TRUSTEE  
Name CAFORIO, GIOVANNI  
Address ROUTE 206 & PROVINCE LINE RD.  
City-State-Zip: PRINCETON NJ 08543

Title TRUSTEE  
Name BANCROFT, CHARLES  
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

Title TRUSTEE  
Name CUSS, FRANCIS  
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**

**04/07/2015**

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

\_\_\_\_\_  
Date