

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

**FILED**  
**May 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763549 (3)**

1. Corporation Name  
**BRISTOL-MYERS SQUIBB FOUNDATION, INC.**



Principal Place of Business <b>345 PARK AVE. NEW YORK NY 10154</b>	Mailing Address <b>345 PARK AVE. NEW YORK NY 10154</b>
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3. Date Incorporated or Qualified  
**06/03/1982**

4. FEI Number  
**13-9127947**

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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
85 Zip Code

**FL**

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	
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>AS</b> <input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, TERESITA</b>
STREET ADDRESS	<b>200 E 87TH ST</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MEE, MICHAEL F.</b>
STREET ADDRESS	<b>365 GARFIELD RD</b>
CITY-ST-ZIP	<b>CONCORD MA</b>
TITLE	<b>DP</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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, 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 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CFR2E037 (10/97)