

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90010 004 ****61.25

DOCUMENT # 763549

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3127947

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D**
HEIMBOLD, CHARLES A. J
 STREET ADDRESS **25 LEEWARD LANE**
 CITY-ST-ZIP **RIVERSIDE CT**

TITLE Change Addition
 NAME **D**
Peter R. Dolan
 STREET ADDRESS **4 Beach Ave.**
 CITY-ST-ZIP **Larchmont, NY 10538**

TITLE Delete
 NAME **D**
MCGOLDRICK, JOHN
 STREET ADDRESS **25 VANDEVENTER AVE**
 CITY-ST-ZIP **PRINCETON NJ 08542-6937**

TITLE Change Addition
 NAME **AT**
Kevin M. Moriarity
 STREET ADDRESS **22 Plymouth Rd.**
 CITY-ST-ZIP **Summit, NJ 07901**

TITLE Delete
 NAME **D**
MEE, MICHAEL F.
 STREET ADDRESS **365 GARFIELD RD**
 CITY-ST-ZIP **CONCORD MA**

TITLE Change Addition
 NAME **AS**
Dyan L. Gershman
 STREET ADDRESS **571 Hudson St. #6A**
 CITY-ST-ZIP **NY, NY 10014**

TITLE Delete
 NAME **DP**
DAMONTI, JOHN L.
 STREET ADDRESS **38 PROSPECT AVE.**
 CITY-ST-ZIP **MONTCLAIR NJ**

TITLE Change Addition
 NAME **D**
John L. Skule
 STREET ADDRESS **97 West Shore Drive**
 CITY-ST-ZIP **Pennington, NJ 08534**

TITLE Delete
 NAME **T**
BAINS, HARRISON M. J
 STREET ADDRESS **14 ESSEX RD.**
 CITY-ST-ZIP **SUMMIT NJ**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
Alice Brennan
 STREET ADDRESS **271 Manor Road**
 CITY-ST-ZIP **Ridgewood, NJ 07450**

TITLE Change Addition
 NAME **S**
Sandra Leung
 STREET ADDRESS **100 Hemlock Dr.**
 CITY-ST-ZIP **Stamford, Conn. 06902**

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Damonti, Pres. 212-546-4566

Date

Daytime Phone #

CR2E037 (9/99)