

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91312 010 \*\*\*\*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**

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	<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>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCGOLDRICK, JOHN</b>	
STREET ADDRESS	<b>25 VANDEVENTER AVE</b>	
CITY-ST-ZIP	<b>PRINCETON NJ 08542-6937</b>	
TITLE	<b>D</b>	<input checked="" 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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LEUNG, SANDRA</b>	
STREET ADDRESS	<b>100 HEMLOCK DRIVE</b>	
CITY-ST-ZIP	<b>STAMFORD CT 06902</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*[Handwritten Signature]*

*4/23/01*

CR2E037 (10/00)

attachment

**Bristol-Myers Squibb Foundation, Inc.**

345 Park Avenue New York, NY 10154-0037 212 546-3997

657630

763549

May 3, 2001

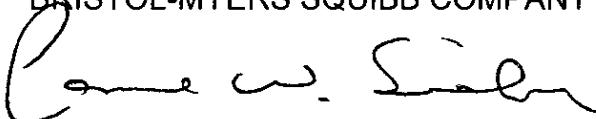
Division of Corporations  
Annual Reports Section  
PO Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

Enclosed is the Bristol-Myers Squibb Foundation, Inc. 2001 Florida Annual Report and \$61.25 filing fee.

Very truly yours,

BRISTOL-MYERS SQUIBB COMPANY



Paul W. Sieber  
Director – Tax Compliance & Administration

EEM:or  
Enc.  
[c:foundation]