

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90154 036 ****61.25

DOCUMENT # 763549

1. Entity Name

BRISTOL-MYERS SQUIBB FOUNDATION, INC.



Principal Place of Business

**345 PARK AVE.
NEW YORK NY 10154**

Mailing Address

**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

4. FEI Number **13-3127947**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	DAMONTI, JOHN L	10 PINE HILL ROAD	STOCKTON NJ 08559	<input type="checkbox"/>
D	MCGOLDRICK, JOHN	25 VANDEVENTER AVE	PRINCETON NJ 08542-6937	<input type="checkbox"/>
DP	DAMONTI, JOHN L.	38 PROSPECT AVE.	MONTCLAIR NJ	<input type="checkbox"/>
T	BAINS, HARRISON M. J	14 ESSEX RD.	SUMMIT NJ	<input type="checkbox"/>
S	LEUNG, SANDRA	100 HEMLOCK DRIVE	STAMFORD CT 06902	<input type="checkbox"/>
D	BEAR, STEPHEN E	32 LINCOLN STREET	LARCHMONT NY 10538	<input type="checkbox"/>

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

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

4/30/03

212-546-4566

Date

Daytime Phone #

CR2E037 (10/02)