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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 4:03

DOCUMENT # **810705** (4)

1. Corporation Name

BRISTOL-MYERS SQUIBB COMPANY

Principal Place of Business

345 PARK AVENUE, TAX DEPT. 10TH FLOOR
P.O. BOX 225, FDR STATION
NEW YORK NY 10150

Mailing Address

345 PARK AVENUE, TAX DEPT. 10TH FLOOR
P.O. BOX 225, FDR STATION
NEW YORK NY 10150

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **01/03/1956** 3a. Date of Last Report **03/01/1994**

4. FEI Number **22-0790350** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

S

NAME

~~KASA, PAMELA D~~

STREET ADDRESS

~~345 PARK AVE~~

CITY- ST- ZIP

~~NEW YORK, NY 00000~~

TITLE

D

NAME

GELB, RICHARD L

STREET ADDRESS

345 PARK AVE

CITY- ST- ZIP

NEW YORK, NY 00000

TITLE

VT

NAME

BAINS, JR H.M.

STREET ADDRESS

345 PARK AVE

CITY- ST- ZIP

NEW YORK, NY 00000

TITLE

V

NAME

CLARY, EDWARD T

STREET ADDRESS

345 PARK AVE

CITY- ST- ZIP

NEW YORK, NY 00000

TITLE

D

NAME

AUTERA, MICHAEL E.

STREET ADDRESS

345 PARK AVE

CITY- ST- ZIP

NEW YORK, NY 00000

TITLE

V

NAME

HAMEL, RODOLPHE

STREET ADDRESS

345 PARK AVE

CITY- ST- ZIP

NEW YORK, NY 00000

1.1 TITLE

S

1.2 NAME

BRENNAN, ALICE C.

1.3 STREET ADDRESS

345 PARK AVE

1.4 CITY- ST- ZIP

NEW YORK, NY 10154

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alice C. Brennan Alice C. Brennan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary

1/19/95

Date

Chapter 199.03