

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810705

FILED
Apr 06, 2010
Secretary of State

Entity Name: BRISTOL-MYERS SQUIBB COMPANY

Current Principal Place of Business:

TAX DEPT - 3RD FLOOR
345 PARK AVE
NEW YORK, NY 10154 US

New Principal Place of Business:

Current Mailing Address:

TAX DEPT - 3RD FLOOR
345 PARK AVE
NEW YORK, NY 10154 US

New Mailing Address:

FEI Number: 22-0790350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO
Name: BANCROFT, CHARLES
Address: ROUTE 206 & PROVINCELINE RD.
City-St-Zip: PRINCETON, NJ 08543

Title: CEOD
Name: CORNELIUS, JAMES
Address: 345 PARK AVE.
City-St-Zip: NEW YORK, NY 10154

Title: T
Name: GALIK, JEFFREY
Address: ROUTE 206 & PROVINCELINE RD.
City-St-Zip: PRINCETON, NJ 08543

Title: S
Name: LEUNG, SANDRA
Address: 345 PARK AVE
City-St-Zip: NEW YORK, NY 10154

Title: COO
Name: ANDREOTTI, LAMBERTO
Address: RTE 206 & PROVINCELINE ROAD
City-St-Zip: PRINCETON, NJ 08543

Title: VP
Name: LEWBEL, GARY
Address: 345 PARK AVENUE
City-St-Zip: NEW YORK, NY 10154

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY LEWBEL

VP

04/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date