

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 810705

**Entity Name:** BRISTOL-MYERS SQUIBB COMPANY

**Current Principal Place of Business:**

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

**FILED**  
**Apr 07, 2014**  
**Secretary of State**  
**CC8628341262**

**Current Mailing Address:**

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

**FEI Number: 22-0790350**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title CFO, EVP  
Name BANCROFT, CHARLES  
Address ROUTE 206 & PROVINCE LINE RD.  
City-State-Zip: PRINCETON NJ 08543

Title D, CHAIRMAN  
Name CORNELIUS, JAMES  
Address 345 PARK AVE.  
City-State-Zip: NEW YORK NY 10154

Title T  
Name GALIK, JEFFREY  
Address ROUTE 206 & PROVINCE LINE RD.  
City-State-Zip: PRINCETON NJ 08543

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

Title CEO, DIRECTOR  
Name ANDREOTTI, LAMBERTO  
Address RTE 206 & PROVINCE LINE ROAD  
City-State-Zip: PRINCETON NJ 08543

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

Title DIRECTOR  
Name LACY, ALAN J  
Address 345 PARK AVE  
City-State-Zip: NEW YORK NY 10154

Title DIRECTOR  
Name STORCH, GERALD L  
Address 345 PARK AVE  
City-State-Zip: NEW YORK NY 10154

**Continues on page 2**

*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**

**SR. VICE PRESIDENT**

**04/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GLIMCHER, LAURIE DR.  
Address 345 PARK AVE  
City-State-Zip: NEW YORK NY 10154

Title DIRECTOR  
Name GROBSTEIN, MICHAEL  
Address 345 PARK AVE  
City-State-Zip: NEW YORK NY 10154

Title DIRECTOR  
Name WEST, TOGO D JR.  
Address 345 PARK AVE  
City-State-Zip: NEW YORK NY 10154

Title CONTROLLER, SVP  
Name CALDARELLA, JOSEPH  
Address ROUTE 206 & PROVINCE LINE ROAD  
City-State-Zip: PRINCETON NJ 08543

Title DIRECTOR  
Name CAMPBELL, LEWIS J  
Address TAX DEPT - 3RD FLOOR  
345 PARK AVE  
City-State-Zip: NEW YORK NY 10154

Title DIRECTOR  
Name PALIWAL, DINESH C  
Address 345 PARK AVE  
City-State-Zip: NEW YORK NY 10154

Title DIRECTOR  
Name SATO, VICKI L PHD  
Address 345 PARK AVE  
City-State-Zip: NEW YORK NY 10154

Title DIRECTOR  
Name LYNCH, THOMAS J JR., M.D.  
Address 345 PARK AVE  
City-State-Zip: NEW YORK NY 10154