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Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # 810705 (4)

1. Corporation Name
BRISTOL-MYERS SQUIBB COMPANY



Principal Place of Business: **345 PARK AVENUE, TAX DEPT. 10TH FLOOR, P.O. BOX 216, FDR STATION, NEW YORK NY 10150**
 Mailing Address: **345 PARK AVENUE, TAX DEPT. 10TH FLOOR, P.O. BOX 216, FDR STATION, NEW YORK NY 10150-0225**
FLORIDA DEPARTMENT - 3rd FLOOR
345 PARK AVENUE
NEW YORK, NEW YORK 10154

3. Date Incorporated or Qualified: **01/03/1956**
 3a. Date of Last Report: **02/06/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	22-0790350	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	29
23	28	30	30
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 607.1508, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIMBOLD, CHARLES E. JR.	1.2 NAME	
STREET ADDRESS	345 PARK AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEG, KENNETH E.	2.2 NAME	
STREET ADDRESS	345 PARK AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAINS, JR H.M.	3.2 NAME	
STREET ADDRESS	345 PARK AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 00000	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEZZAPELLE, DOMINIC M.	4.2 NAME	
STREET ADDRESS	345 PARK AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUTERA, MICHAEL E.	5.2 NAME	
STREET ADDRESS	345 PARK AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 00000	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERS, EILEEN S.	6.2 NAME	
STREET ADDRESS	345 PARK AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	6.4 CITY - ST - ZIP	

14. I do 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 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 607, 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** 1/10/96 212-546-4714
 SECRETARY Secretary Date Daytime Phone #

CR2E034 (9/96)