

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90096 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 810705**

1. Corporation Name  
**BRISTOL-MYERS SQUIBB COMPANY**



Principal Place of Business TAX DEPT - 3RD FLOOR 345 PARK AVE NEW YORK NY 10154 US	Mailing Address TAX DEPT - 3RD FLOOR 345 PARK AVE NEW YORK NY 10154 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	4. FEI Number
21	26	01/03/1956	22-0790350
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For
22	27		Not Applicable
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28		\$5.00 May Be Added to Fees
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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 checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEZZAPELLE, DOMINIC M.	4.2 NAME	VP
STREET ADDRESS	345 PARK AVENUE	4.3 STREET ADDRESS	CHESNOFF, STEPHEN
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	345 PARK AVENUE NEW YORK, NEW YORK 10154
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUTERA, MICHAEL E.	5.2 NAME	BRENNAN, ALICE C.
STREET ADDRESS	345 PARK AVE	5.3 STREET ADDRESS	345 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 00000	5.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10154
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 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, with all other like empowered.

SIGNATURE: Alice C. Brennan **SIGNATURE REQUIRED** Alice C. Brennan **JAN 28 1999**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #

CR2E034 (11/98)