2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 810705 Jan 26, 2000 8:00 am Secretary of State 1. Entity Name BRISTOL-MYERS SQUIBB COMPANY 01-26-2000 90015 042 ***150.00 Mailing Address Principal Place of Business TAX DEPT - 3RD FLOOR TAX DEPT - 3RD FLOOR 345 PARK AVE 345 PARK AVE NEW YORK NY 10154 NEW YORK NY 10154-0004 C0011309 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-0790350 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ... CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zin Cade City 8. 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Delete TITLE Secretary TITLE NAME HEIMBOLD, CHARLES E. JR. NAME Sandra Leung STREET ADDRESS STREET ADDRESS 345 PARK AVENUE 345 Park Avenue CITY-ST-ZIP C!TY-ST-ZIP **NEW YORK NY** New York, NY 10154 X Addition ☐ Change Delete TITLE TITLE Assistant Secretary weg, kenneth e. NAME NAME Richard L: Stern STREET ADDRESS STREET ADDRESS 345 PARK AVENUE 345 Park Avenue CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY New York, NY 10154 ☐ Addition ☐ Change Delete TITLE NAME BAINS, JR.H.M.- -NAME -STREET ADDRESS STREET ADDRESS 345 PARK AVE CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 00000 TITLE Change Addition Addition X Delete TITLE CHESNOFF, STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 345 PARK AVE. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10154 Delete Change Addition TITLE **VPS** TITLE NAME BRENNAN, ALICE C NAME STREET ADDRESS STREET ADDRESS 345 PARK AVE CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10154 Change Addition TITLE ☐ Delete TITLE SILVERS, EILEEN S. NAME 345 PARK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY**

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Secretary



Daytime Phone #