

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

0575826 AT

**DOCUMENT # 810705**

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

02-04-2002 90036 009 \*\*\*150.00

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

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>22-0790350</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION FL 33324</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEIMBOLD, CHARLES E. JR.</b>		NAME		
STREET ADDRESS	<b>345 PARK AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALLEN, ROBERT E</b>		NAME	<b>SCHIFF, FREDERICK S.</b>	
STREET ADDRESS	<b>345 PARK AVENUE</b>		STREET ADDRESS	<b>345 PARK AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>		CITY-ST-ZIP	<b>NEW YORK NY 10154</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOLAN, PETER</b>		NAME		
STREET ADDRESS	<b>345 PARK AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAINS, HARRISON JR</b>		NAME		
STREET ADDRESS	<b>345 PARK AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEUNG, SANDRA</b>		NAME		
STREET ADDRESS	<b>345 PARK AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYDEN, DONALD</b>		NAME		
STREET ADDRESS	<b>345 PARK AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>		CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 **JAN 11 2002** 212-546-4053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)