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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
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 225, FDR STATION
NEW YORK NY 10150

Mailing Address

345 PARK AVENUE, TAX DEPT. 10TH FLOOR
P.O. BOX 225, FDR STATION
NEW YORK NY 10150

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 4:03

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/03/1956	3a. Date of Last Report 03/01/1994
4. FEI Number 22-0790350	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	S
NAME	KASA, PAMELA D
STREET ADDRESS	345 PARK AVE
CITY-ST-ZIP	NEW YORK, NY 00000
TITLE	D
NAME	GELB, RICHARD L
STREET ADDRESS	345 PARK AVE
CITY-ST-ZIP	NEW YORK, NY 00000
TITLE	VT
NAME	BAINS, JR H.M.
STREET ADDRESS	345 PARK AVE
CITY-ST-ZIP	NEW YORK, NY 00000
TITLE	V
NAME	CLARY, EDWARD T
STREET ADDRESS	345 PARK AVE
CITY-ST-ZIP	NEW YORK, NY 00000
TITLE	D
NAME	AUTERA, MICHAEL E.
STREET ADDRESS	345 PARK AVE
CITY-ST-ZIP	NEW YORK, NY 00000
TITLE	V
NAME	HAMEL, RODOLPHE
STREET ADDRESS	345 PARK AVE
CITY-ST-ZIP	NEW YORK, NY 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	S
1.2 NAME	BRENNAN, ALICE C.
1.3 STREET ADDRESS	345 PARK AVE
1.4 CITY-ST-ZIP	NEW YORK, NY 10154
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 1/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary