

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 763549 (3)

1. Corporation Name

BRISTOL-MYERS SQUIBB FOUNDATION, INC.

Principal Place of Business

345 PARK AVE.  
NEW YORK NY 10154

Mailing Address

345 PARK AVE.  
NEW YORK NY 10154



3. Date Incorporated or Qualified  
06/03/1982

3a. Date of Last Report  
05/19/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

29

Zip

30

4. FEI Number

13-3127947

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FALCON, HOWARD J., JR.  
125 WORTH AVENUE  
PALM BEACH FL

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 617.0502 and 617.1508, 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 617.0503, 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	D	<input type="checkbox"/> DELETE
NAME	HEIMBOLD, CHARLES A. J	
STREET ADDRESS	25 LEEWARD LANE	
CITY-ST-ZIP	RIVERSIDE CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GELB, RICHARD L	
STREET ADDRESS	1060 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKENNA, FLORENCE	
STREET ADDRESS	1495 HIGHLAND RD	
CITY-ST-ZIP	CUTCHOGUE NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAMONTI, JOHN L.	
STREET ADDRESS	38 PROSPECT AVE.	
CITY-ST-ZIP	MONTCLAIR NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BAINS, HARRISON M. J	
STREET ADDRESS	14 ESSEX RD.	
CITY-ST-ZIP	SUMMIT NJ	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KASA, PAMELA D.	
STREET ADDRESS	PHILIPSE BROOK RD.	
CITY-ST-ZIP	GARRISON NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	RODRIGUEZ, TERESITA	
13 STREET ADDRESS	200 EAST 87th STREET	
14 CITY-ST-ZIP	NEW YORK, NY 10128	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MEE, MICHAEL F.	
23 STREET ADDRESS	365 GARFIELD ROAD	
24 CITY-ST-ZIP	CONCORD, MA 01742	
31 TITLE	SKULE, JOHN L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	97 WEST SHORE DRIVE	
33 STREET ADDRESS	PRINCETON, NJ 08534	
34 CITY-ST-ZIP		
41 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DAMONTI, JOHN L.	
43 STREET ADDRESS	38 PROSPECT AVENUE	
44 CITY-ST-ZIP	MONTCLAIR, NJ 07042	
51 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	CALDARELLA, JOSEPH C.	
53 STREET ADDRESS	591 SHELDON AVENUE	
54 CITY-ST-ZIP	STATEN ISLAND, NY 10312	
61 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	BRENNAN, ALICE C.	
63 STREET ADDRESS	271 MANOR ROAD	
64 CITY-ST-ZIP	RIDGEWOOD, NJ 07450	

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 19.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Damonti, President/Director 4/29/96 212-546-4566

Date

Daytime Phone

CR2E037 (12/95)