

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90012 017 \*\*\*\*61.25

**DOCUMENT # 763549**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/03/1982

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

9. Name and Address of Current Registered Agent

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

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 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 ☐ DELETE

NAME **D**  
**HEIMBOLD, CHARLES A. J**  
STREET ADDRESS **25 LEEWARD LANE**  
CITY-ST-ZIP **RIVERSIDE CT**

TITLE ☒ DELETE

NAME **AS**  
**RODRIGUEZ, TERESITA**  
STREET ADDRESS **200 E 87TH ST**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **D**  
**MEE, MICHAEL F.**  
STREET ADDRESS **365 GARFIELD RD**  
CITY-ST-ZIP **CONCORD MA**

TITLE ☐ DELETE

NAME **DP**  
**DAMONTI, JOHN L.**  
STREET ADDRESS **38 PROSPECT AVE.**  
CITY-ST-ZIP **MONTCLAIR NJ**

TITLE ☐ DELETE

NAME **T**  
**BAINS, HARRISON M. J**  
STREET ADDRESS **14 ESSEX RD.**  
CITY-ST-ZIP **SUMMIT NJ**

TITLE ☒ DELETE

NAME **AT**  
**CALDARELLA, JOSEPH C**  
STREET ADDRESS **591 SHELDON AVENUE**  
CITY-ST-ZIP **STATEN ISLAND, NY 10312**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/99 (212) 96-4566

CR2E037 (5/99)