

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 763549**

1. Entity Name

**BRISTOL-MYERS SQUIBB FOUNDATION, INC.**

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90010 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

345 PARK AVE.  
NEW YORK NY 10154

345 PARK AVE.  
NEW YORK NY 10154-0004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3127947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Peter R. Dolan**  
STREET ADDRESS **4 Beach Ave.**  
CITY-ST-ZIP **Larchmont, NY 10538**

TITLE **D** ☐ Delete  
NAME **MCGOLDRICK, JOHN**  
STREET ADDRESS **25 VANDEVENTER AVE**  
CITY-ST-ZIP **PRINCETON NJ 08542-6937**

TITLE **AT** ☐ Change ☒ Addition  
NAME **Kevin M. Moriarity**  
STREET ADDRESS **22 Plymouth Rd.**  
CITY-ST-ZIP **Summit, NJ 07901**

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

TITLE **AS** ☐ Change ☒ Addition  
NAME **Dyan L. Gershman**  
STREET ADDRESS **571 Hudson St. #6A**  
CITY-ST-ZIP **NY, NY 10014**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **John L. Skule**  
STREET ADDRESS **97 West Shore Drive**  
CITY-ST-ZIP **Pennington, NJ 08534**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **Alice Brennan**  
STREET ADDRESS **271 Manor Road**  
CITY-ST-ZIP **Ridgewood, NJ 07450**

TITLE **S** ☐ Change ☒ Addition  
NAME **Sandra Leung**  
STREET ADDRESS **100 Hemlock Dr.**  
CITY-ST-ZIP **Stamford, Conn. 06902**

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

John L. Damonti, Pres. 212-546-4566

Date

Daytime Phone #

CR2E037 (9/99)