

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90195 035 ****61.25

DOCUMENT # 763549 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☐ Delete	TITLE	Peter Dolan ☐ Change ☒ Addition	
NAME	DAMONTI, JOHN L		NAME	345 Park Avenue	
STREET ADDRESS	10 PINE HILL ROAD		STREET ADDRESS	New York, NY 10154	
CITY-ST-ZIP	STOCKTON, NJ 08559		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	Andrew Bodnar ☐ Change ☒ Addition	
NAME	MCGOLDRICK, JOHN		NAME	345 Park Avenue	
STREET ADDRESS	25 VANDEVENTER AVE		STREET ADDRESS	New York, NY 10154	
CITY-ST-ZIP	PRINCETON, NJ 085426937		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	D ☐ Change ☒ Addition	
NAME	LEUNG, SANDRA		NAME	Laurie Smaldone	
STREET ADDRESS	100 HEMLOCK DRIVE		STREET ADDRESS	Rte 206 & Provinceline Rd.	
CITY-ST-ZIP	STAMFORD, CT 06902		CITY-ST-ZIP	Princeton, NJ 08543	
TITLE	D	☐ Delete	TITLE	D ☐ Change ☒ Addition	
NAME	BEAR, STEPHEN E		NAME	Richard Thompson	
STREET ADDRESS	32 LINCOLN STREET		STREET ADDRESS	655 15th St. NW Suite 300	
CITY-ST-ZIP	LARCHMONT, NY 10538		CITY-ST-ZIP	Washington, DC 20005	
TITLE	T	☐ Delete	TITLE	D ☐ Change ☒ Addition	
NAME	DWYER, EDWARD		NAME	Robert Zito	
STREET ADDRESS	100 OVERLOOK LANE		STREET ADDRESS	345 Park Avenue	
CITY-ST-ZIP	STAINT DAVIDS, PA 19087		CITY-ST-ZIP	New York, NY 10154	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 affidavit, with all other like empowered.					
SIGNATURE:			Date 4/26/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		