

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763549

Entity Name: BRISTOL-MYERS SQUIBB FOUNDATION, INC.**Current Principal Place of Business:**345 PARK AVE.
NEW YORK, NY 10154**Current Mailing Address:**345 PARK AVE.
TAX DEPARTMENT, 3RD FLOOR
NEW YORK, NY 10154**FEI Number: 13-3127947****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FALCON, HOWARD J., JR.
125 WORTH AVENUE
PALM BEACH, FL US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TRUSTEE
Name	DAMONTI, JOHN L
Address	345 PARK AVENUE
City-State-Zip:	NEW YORK NY 10154

Title	TRUSTEE
Name	ANDREOTTI, LAMBERTO
Address	ROUTE 206 PROVINCE LINE ROAD
City-State-Zip:	PRINCETON NJ 08543

Title	TRUSTEE
Name	LEUNG, SANDRA
Address	345 PARK AVENUE
City-State-Zip:	NEW YORK NY 10154

Title	TRUSTEE
Name	CAFORIO, GIOVANNI
Address	777 SCUDDERS MILL ROAD
City-State-Zip:	PLAINSBORO NJ 08536

Title	TRUSTEE
Name	DANIELS, BRIAN
Address	ROUTE 206 & PROVINCE LINE ROAD
City-State-Zip:	PRINCETON NJ 08543

Title	TRUSTEE
Name	BANCROFT, CHARLES
Address	ROUTE 206 & PROVINCE LINE ROAD
City-State-Zip:	PRINCETON NJ 08543

Title	TRUSTEE
Name	HELLER, FRAN
Address	ROUTE 206 & PROVINCE LINE ROAD
City-State-Zip:	PRINCETON NJ 08543

Title	SECRETARY
Name	VANATTEN, MARY
Address	ROUTE 206 & PROVINCE LINE RD.
City-State-Zip:	PRINCETON NJ 08543

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN DAMONTI**TRUSTEE****04/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date