

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 763549 (3)  
1. Corporation Name

BRISTOL-MYERS SQUIBB FOUNDATION, INC.



Principal Place of Business Mailing Address  
345 PARK AVE. NEW YORK NY 10154  
345 PARK AVE. NEW YORK NY 10154-0004

3. Date Incorporated or Qualified 06/03/1982  
3a. Date of Last Report 05/01/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		13-3127947	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIMBOLD, CHARLES A. J	1.2 NAME	
STREET ADDRESS	25 LEEWARD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE CT	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, TERESITA	2.2 NAME	
STREET ADDRESS	200 E 87TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEE, MICHAEL F.	3.2 NAME	
STREET ADDRESS	385 GARFIELD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMONTI, JOHN L.	4.2 NAME	
STREET ADDRESS	38 PROSPECT AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTCLAIR NJ	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAINS, HARRISON M. J	5.2 NAME	
STREET ADDRESS	14 ESSEX RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMIT NJ	5.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDARELLA, JOSEPH C.	6.2 NAME	
STREET ADDRESS	591 SHELDON AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY	6.4 CITY-ST-ZIP	

14. I do 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 in whole or on an attachment with an address.

CR2E037 (9/96)