

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).

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

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

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

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

2a. Mailing Address

3. Date Incorporated or Qualified

06/03/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 13-3127947

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

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

2.1 TITLE Change Addition
 2.2 NAME D Mc GOLDRICK, JOHN
 2.3 STREET ADDRESS 25 VANDEVENTER AVE.
 2.4 CITY-ST-ZIP PRINCETON, NJ 08542-6937

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

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

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

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

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

6.1 TITLE Change Addition
 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

SIGNATURE REQUIRED

9/23/99 (212) 96-4566

Day

Daytime Phone #

CR2E037 (5/99)