

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 763549

1. Entity 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

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



DO NOT WRITE IN THIS SPACE

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	<input type="checkbox"/> Delete
NAME	HEIMBOLD, CHARLES A. J	
STREET ADDRESS	25 LEEWARD LANE	
CITY-ST-ZIP	RIVERSIDE CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGOLDRICK, JOHN	
STREET ADDRESS	25 VANDEVENTER AVE	
CITY-ST-ZIP	PRINCETON NJ 08542-6937	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEE, MICHAEL F.	
STREET ADDRESS	365 GARFIELD RD	
CITY-ST-ZIP	CONCORD MA	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DAMONTI, JOHN L.	
STREET ADDRESS	38 PROSPECT AVE.	
CITY-ST-ZIP	MONTCLAIR NJ	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAINS, HARRISON M. J	
STREET ADDRESS	14 ESSEX RD.	
CITY-ST-ZIP	SUMMIT NJ	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	Alice Brennan	
STREET ADDRESS	271 Manor Road	
CITY-ST-ZIP	Ridgewood, NJ 07450	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter R. Dolan	
STREET ADDRESS	4 Beach Ave.	
CITY-ST-ZIP	Larchmont, NY 10538	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin M. Moriarity	
STREET ADDRESS	22 Plymouth Rd.	
CITY-ST-ZIP	Summit, NJ 07901	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dyan L. Gershman	
STREET ADDRESS	571 Hudson St. #6A	
CITY-ST-ZIP	NY, NY 10014	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John L. Skule	
STREET ADDRESS	97 West Shore Drive	
CITY-ST-ZIP	Pennington, NJ 08534	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)