

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **810705** (4)

1. Corporation Name  
**BRISTOL-MYERS SQUIBB COMPANY**



Principal Place of Business: **345 PARK AVENUE, TAX DEPT. 10TH FLOOR, P.O. BOX 225, FDR STATION, NEW YORK NY 10150**  
Mailing Address: **345 PARK AVENUE, TAX DEPT. 10TH FLOOR, P.O. BOX 225, FDR STATION, NEW YORK NY 10150**

2. Principal Place of Business: 21. State: 22. City & State: 23. Zip: 24. Country: 25. Country: 26. State: 27. City & State: 28. Zip: 29. Country: 30. Country:

3. Date Incorporated or Qualified: **01/03/1956** 3a. Date of Last Report: **02/06/1995**  
4. FEI Number: **22-0790350** Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**

10. Name and Address of New Registered Agent: 81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. City: 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, 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 I accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: <b>S</b>	NAME: <b>BRENNAN, ALICE C.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS: <b>345 PARK AVE</b>	CITY-STATE-ZIP: <b>NEW YORK, NY 00000</b>	
TITLE: <b>D</b>	NAME: <b>GELB, RICHARD L</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: <b>345 PARK AVE</b>	CITY-STATE-ZIP: <b>NEW YORK, NY 00000</b>	
TITLE: <b>VT</b>	NAME: <b>BAINS, JR H.M.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS: <b>345 PARK AVE</b>	CITY-STATE-ZIP: <b>NEW YORK, NY 00000</b>	
TITLE: <b>V</b>	NAME: <b>CLARY, EDWARD T</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: <b>345 PARK AVE</b>	CITY-STATE-ZIP: <b>NEW YORK, NY 00000</b>	
TITLE: <b>D</b>	NAME: <b>AUTERA, MICHAEL E.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS: <b>345 PARK AVE</b>	CITY-STATE-ZIP: <b>NEW YORK, NY 00000</b>	
TITLE: <b>V</b>	NAME: <b>HAMEL, RODOLPHE</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: <b>345 PARK AVE</b>	CITY-STATE-ZIP: <b>NEW YORK, NY 00000</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: <b>D</b>	NAME: <b>HEIMBOLD, JR., CHARLES E.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>345 PARK AVE.</b>	CITY-STATE-ZIP: <b>NEW YORK, NY 10154</b>	
TITLE: <b>D</b>	NAME: <b>WEG, KENNETH E.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>345 PARK AVE.</b>	CITY-STATE-ZIP: <b>NEW YORK, NY 10154</b>	
TITLE: <b>V</b>	NAME: <b>SILVERS, EILEEN S.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>345 PARK AVE.</b>	CITY-STATE-ZIP: <b>NEW YORK, NY 10154</b>	
TITLE: <b>V</b>	NAME: <b>MEZZAPELLE, DOMINIC M.</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>345 PARK AVE.</b>	CITY-STATE-ZIP: <b>NEW YORK, NY 10154</b>	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alice Brennan* Alice Brennan, Secretary 1/23/96 212-546-4714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)