

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 216, FDR STATION, NEW YORK NY 10158**
 Mailing Address: **345 PARK AVENUE, TAX DEPT. 10TH FLOOR, P.O. BOX 216, FDR STATION, NEW YORK NY 10158-0225**
FLORIDA DEPARTMENT - 3rd FLOOR, 345 PARK AVENUE, NEW YORK, NEW YORK 10154

3. Date Incorporated or Qualified: **01/03/1956**
 3a. Date of Last Report: **02/06/1996**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
 2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**
 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** **84** City **85** Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 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 accept the obligations of, Section 607.0505, 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 HEIMBOLD, CHARLES E. JR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	345 PARK AVENUE	1.2 NAME	
STREET ADDRESS	NEW YORK NY	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE WEG, KENNETH E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	345 PARK AVENUE	2.2 NAME	
STREET ADDRESS	NEW YORK NY	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE BAINS, JR H.M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	345 PARK AVE	3.2 NAME	
STREET ADDRESS	NEW YORK, NY 00000	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE MEZZAPELLE, DOMINIC M.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	345 PARK AVENUE	4.2 NAME	
STREET ADDRESS	NEW YORK NY	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE AUTERA, MICHAEL E.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	345 PARK AVE	5.2 NAME	
STREET ADDRESS	NEW YORK, NY 00000	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE SILVERS, EILEEN S.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	345 PARK AVENUE	6.2 NAME	
STREET ADDRESS	NEW YORK NY	6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 C. Brennan* **Alice C. Brennan** **1/10/96** **212-546-4714**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #

CR2E034 (9/96)