

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90096 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 810705

1. Corporation Name
BRISTOL-MYERS SQUIBB COMPANY



Principal Place of Business TAX DEPT - 3RD FLOOR 345 PARK AVE NEW YORK NY 10154 US	Mailing Address TAX DEPT - 3RD FLOOR 345 PARK AVE NEW YORK NY 10154 US
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DO NOT WRITE IN THIS SPACE

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

3. Date incorporated or Qualified
01/03/1956

4. FEI Number
22-0790350

Applied For
 Yes
 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 owes the current year Intangible Personal Property Tax. 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 **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 E. JR.		1.2 NAME	
STREET ADDRESS 345 PARK AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEG, KENNETH E.		2.2 NAME	
STREET ADDRESS 345 PARK AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		2.4 CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAINS, JR H.M.		3.2 NAME	
STREET ADDRESS 345 PARK AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK, NY 00000		3.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEZZAPELLE, DOMINIC M.		4.2 NAME	
STREET ADDRESS 345 PARK AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AUTERA, MICHAEL E.		5.2 NAME	
STREET ADDRESS 345 PARK AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK, NY 00000		5.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SILVERS, EILEEN S.		6.2 NAME	
STREET ADDRESS 345 PARK AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		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 607, 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: *Alice C. Brennan* **SIGNATURE REQUIRED** Alice C. Brennan **JAN 28 1999**
Signature and typed or printed name of signing officer or director Secretary Date Daytime Phone #

CR2E034 (11/98)