

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 810705

1. Entity Name

BRISTOL-MYERS SQUIBB COMPANY

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90015 042 ***150.00

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 10154-0004 US
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C0011309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 22-0790350	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME HEIMBOLD, CHARLES E. JR.	
STREET ADDRESS 345 PARK AVENUE	
CITY-ST-ZIP NEW YORK NY	
TITLE D	<input type="checkbox"/> Delete
NAME WEG, KENNETH E.	
STREET ADDRESS 345 PARK AVENUE	
CITY-ST-ZIP NEW YORK NY	
TITLE VT	<input type="checkbox"/> Delete
NAME BAINS, JR H.M.	
STREET ADDRESS 345 PARK AVE	
CITY-ST-ZIP NEW YORK, NY 00000	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME CHESNOFF, STEPHEN	
STREET ADDRESS 345 PARK AVE.	
CITY-ST-ZIP NEW YORK NY 10154	
TITLE VPS	<input checked="" type="checkbox"/> Delete
NAME BRENNAN, ALICE C	
STREET ADDRESS 345 PARK AVE	
CITY-ST-ZIP NEW YORK NY 10154	
TITLE V	<input type="checkbox"/> Delete
NAME SILVERS, EILEEN S.	
STREET ADDRESS 345 PARK AVENUE	
CITY-ST-ZIP NEW YORK NY	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Sandra Leung	
STREET ADDRESS 345 Park Avenue	
CITY-ST-ZIP New York, NY 10154	
TITLE Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Richard L. Stern	
STREET ADDRESS 345 Park Avenue	
CITY-ST-ZIP New York, NY 10154	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Secretary 1/18/00 Date Daytime Phone # _____