

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90008 049 \*\*\*150.00

DOCUMENT # 810705

1. Entity Name

**Bristol-Myers Squibb Company**



Principal Place of Business

**Tax Dept. - 3rd Floor**  
**345 Park Avenue**  
**New York, NY 10154**

Mailing Address

**Tax Dept. - 3rd Floor**  
**345 Park Avenue -**  
**New York, NY 10154**

**ADD30952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**22-0790350**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT Corporation System**  
**1200 S. Pine Island Road**  
**Plantation, FL 33324**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>Charles Heimbold, Jr.</b>	
STREET ADDRESS <b>345 Park Avenue</b>	
CITY-ST-ZIP <b>New York, NY 10154</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>Robert E. Allen</b>	
STREET ADDRESS <b>345 Park Avenue</b>	
CITY-ST-ZIP <b>New York, NY 10154</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>Peter Dolan</b>	
STREET ADDRESS <b>345 Park Avenue</b>	
CITY-ST-ZIP <b>New York, NY 10154</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete
NAME <b>Harrison Bains, Jr.</b>	
STREET ADDRESS <b>345 Park Avenue</b>	
CITY-ST-ZIP <b>New York, NY 10154</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>Sandra Leung</b>	
STREET ADDRESS <b>345 Park Avenue</b>	
CITY-ST-ZIP <b>New York, NY 10154</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete
NAME <b>Donald Hayden</b>	
STREET ADDRESS <b>345 Park Avenue</b>	
CITY-ST-ZIP <b>New York, NY 10154</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Adam B*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

FEB 28 2001

Date

212-546-4053

Daytime Phone #

CR2E034 (11/00)