


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 810705 1. Entity Name BRISTOL-MYERS SQUIBB COMPANY	
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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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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-0790350	Applied For Not Applicable
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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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BONFIELD, ANDREW 345 PARK AVE NEW YORK, NY 10154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOLAN, PETER 345 PARK AVE NEW YORK, NY 10154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAINS, HARRISON JR 345 PARK AVE. NEW YORK, NY 10154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEUNG, SANDRA 345 PARK AVE NEW YORK, NY 10154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYDEN, DONALD 345 PARK AVENUE NEW YORK, NY 10154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/15/04-80028-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/8/04** **212-546-4053**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #