


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90566 017 \*\*\*150.00

<b>DOCUMENT #</b> 810705	
1. Entity Name <b>BRISTOL-MYERS SQUIBB COMPANY</b>	

Principal Place of Business <b>TAX DEPT - 3RD FLOOR 345 PARK AVE NEW YORK NY 10154 US</b>	Mailing Address <b>TAX DEPT - 3RD FLOOR 345 PARK AVE NEW YORK NY 10154 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>22-0790350</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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CHECK HERE IF MAKING CHANGES



<b>6. Name and Address of Current Registered Agent</b>
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHIFF, FREDRICK S</b> <input checked="" type="checkbox"/> Delete <b>346 PARK AVENUE</b> <b>NEW YORK NY 10154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DOLAN, PETER</b> <input type="checkbox"/> Delete <b>345 PARK AVE</b> <b>NEW YORK NY 10154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BAINS, HARRISON JR</b> <input type="checkbox"/> Delete <b>345 PARK AVE.</b> <b>NEW YORK NY 10154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LEUNG, SANDRA</b> <input type="checkbox"/> Delete <b>345 PARK AVE</b> <b>NEW YORK NY 10154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HAYDEN, DONALD</b> <input type="checkbox"/> Delete <b>345 PARK AVENUE</b> <b>NEW YORK NY 10154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bonfield, Andrew</b> <b>345 Park Avenue</b> <b>New York, NY 10154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	<b>Sandra Leung</b>	<b>JAN 14 2003</b>	212-546-4053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (10/02)