

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Middleton
Secretary of State
DIVISION OF CORPORATIONS



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 5 PM 1:38

DOCUMENT # 819259 (3)

1. Corporation Name
E.R. SQUIBB & SONS, INC.

Principal Place of Business Mailing Address
TAX DEPT. 10TH FLOOR P.O. BOX 225, FDR STATION
NEW YORK NY 10150 TAX DEPT. 10TH FLOOR P.O. BOX 225, FDR STATION
NEW YORK NY 10150

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|---|---------|---------------------|---------|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 25 | | 01/03/1966 | 03/01/1994 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For / Not Applicable |
| 22 | | 27 | | 13-6121983 | |
| City & State | | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | | 28 | | <input type="checkbox"/> | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 25 | 29 | 30 | <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | |
| | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |
| | | | | 85 | Zip Code |
| | | | | FL | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEG, KENNETH W | 1.2 NAME | |
| STREET ADDRESS | 345 PARK AVENUE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 1.4 CITY - ST - ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHIFF, FREDERICK S. | 2.2 NAME | |
| STREET ADDRESS | 345 PARK AVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 2.4 CITY - ST - ZIP | |
| TITLE | VD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAMEL, RODOLPHE | 3.2 NAME | |
| STREET ADDRESS | 345 PARK AVE. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 3.4 CITY - ST - ZIP | |
| TITLE | S | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KASA, PAMELA D. | 4.2 NAME | S BRENNAN, ALICE C. |
| STREET ADDRESS | 345 PARK AVE. | 4.3 STREET ADDRESS | 345 PARK AVENUE |
| CITY - ST - ZIP | NEW YORK NY | 4.4 CITY - ST - ZIP | NEW YORK, NY 10154 |
| TITLE | VD | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DE LAGA, JOSE M. | 5.2 NAME | VD LASKER, JOEL M. |
| STREET ADDRESS | 345 PARK AVE | 5.3 STREET ADDRESS | 345 PARK AVENUE |
| CITY - ST - ZIP | NEW YORK NY | 5.4 CITY - ST - ZIP | NEW YORK, NY 10154 |
| TITLE | VT | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAINS, HARRISON M. JR. | 6.2 NAME | |
| STREET ADDRESS | 345 PARK AVE | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *Alice C. Brennan* Alice C. Brennan 1/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Effective Date