

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **819259** (3)

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



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

2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.	26 State, Apt. #, etc.	22 City & State	27 City & State
23 Zip	28 Zip	24 County	30 Country

3. Date Incorporated or Qualified <b>01/03/1966</b>	3a. Date of Last Report <b>02/06/1995</b>
4. FEI Number <b>13-6121983</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 607.0402 and 607.1504, 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 607.0405, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<b>P</b>	1.1 TITLE	<b>DV</b>
2. NAME	<b>WEG, KENNETH W</b>	2.1 NAME	<b>MC GOLDRICK, JOHN L.</b>
3. STREET ADDRESS	<b>345 PARK AVENUE</b>	3.1 STREET ADDRESS	<b>345 PARK AVENUE</b>
4. CITY, ST., ZIP	<b>NEW YORK NY</b>	4.1 CITY, ST., ZIP	<b>NEW YORK, NY</b>
5. TITLE	<b>VD</b>	5.1 TITLE	
6. NAME	<b>SCHIFF, FREDERICK S.</b>	6.2 NAME	
7. STREET ADDRESS	<b>345 PARK AVE</b>	7.1 STREET ADDRESS	
8. CITY, ST., ZIP	<b>NEW YORK NY</b>	8.1 CITY, ST., ZIP	
9. TITLE	<b>VD</b>	9.1 TITLE	
10. NAME	<b>HAMEL, RODOLPHE</b>	10.2 NAME	
11. STREET ADDRESS	<b>345 PARK AVE.</b>	11.1 STREET ADDRESS	
12. CITY, ST., ZIP	<b>NEW YORK NY</b>	12.1 CITY, ST., ZIP	
13. TITLE	<b>S</b>	13.1 TITLE	
14. NAME	<b>BRENNAN, ALICE C.</b>	14.2 NAME	
15. STREET ADDRESS	<b>345 PARK AVE.</b>	15.1 STREET ADDRESS	
16. CITY, ST., ZIP	<b>NEW YORK NY</b>	16.1 CITY, ST., ZIP	
17. TITLE	<b>VD</b>	17.1 TITLE	
18. NAME	<b>LASKER, JOEL M.</b>	18.2 NAME	
19. STREET ADDRESS	<b>345 PARK AVE</b>	19.1 STREET ADDRESS	
20. CITY, ST., ZIP	<b>NEW YORK NY</b>	20.1 CITY, ST., ZIP	
21. TITLE	<b>VT</b>	21.1 TITLE	
22. NAME	<b>BAINS, HARRISON M. JR.</b>	22.2 NAME	
23. STREET ADDRESS	<b>345 PARK AVE</b>	23.1 STREET ADDRESS	
24. CITY, ST., ZIP	<b>NEW YORK NY</b>	24.1 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 or 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, Secretary 1/23/96 212-546-4714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)