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**Jan 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 819259 (3)

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



Principal Place of Business Mailing Address
~~TAX DEPT. 10TH FLOOR P.O. BOX 27 FDR STATION NEW YORK NY 10150~~
**TAX DEPARTMENT - 3rd FLOOR
345 PARK AVENUE
NEW YORK, NEW YORK 10154**
~~TAX DEPT. 10TH FLOOR P.O. BOX 27 FDR STATION NEW YORK NY 10150~~

3. Date Incorporated or Qualified 01/03/1966
3a. Date of Last Report 02/06/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 13-6121983	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip 25 Country	29 Zip 30 Country		

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P <input type="checkbox"/> DELETE TITLE: WEG, KENNETH W NAME: 345 PARK AVENUE STREET ADDRESS: NEW YORK NY CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD <input type="checkbox"/> DELETE TITLE: SCHIFF, FREDERICK S. NAME: 345 PARK AVE STREET ADDRESS: NEW YORK NY CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV <input type="checkbox"/> DELETE TITLE: MCGOLDRICK, JOHN L. NAME: 345 PARK AVENUE STREET ADDRESS: NEW YORK NY CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S <input type="checkbox"/> DELETE TITLE: BRENNAN, ALICE C. NAME: 345 PARK AVE. STREET ADDRESS: NEW YORK NY CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD <input type="checkbox"/> DELETE TITLE: LASKER, JOEL M. NAME: 345 PARK AVE STREET ADDRESS: NEW YORK NY CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VT <input type="checkbox"/> DELETE TITLE: BAINS, HARRISON M. JR. NAME: 345 PARK AVE STREET ADDRESS: NEW YORK NY CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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** **Secretary**
 _____ **Date:** 1/10/97 **Daytime Phone:** 212-546-4714

CR2E034 (9/96)