

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90034 022 \*\*\*150.00

**DOCUMENT # 819259**

1. Entity Name

**E.R. SQUIBB & SONS, INC.**

Principal Place of Business <b>TAX DEPARTMENT 3RD FLOOR 345 PARK AVE NEW YORK NY 10154 US</b>	Mailing Address <b>TAX DEPARTMENT 3RD FLOOR 345 PARK AVE NEW YORK NY 10154-0004 US</b>
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0011429



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>13-6121983</b>	Applied For <input type="checkbox"/> Not Applied For
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>WEG, KENNETH W</b>	
STREET ADDRESS <b>345 PARK AVENUE</b>	
CITY-ST-ZIP <b>NEW YORK NY</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>SCHIFF, FREDERICK S.</b>	
STREET ADDRESS <b>345 PARK AVE</b>	
CITY-ST-ZIP <b>NEW YORK NY</b>	
TITLE <b>DV</b>	<input type="checkbox"/> Delete
NAME <b>MCGOLDRICK, JOHN L.</b>	
STREET ADDRESS <b>345 PARK AVENUE</b>	
CITY-ST-ZIP <b>NEW YORK NY</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>BRENNAN, ALICE C.</b>	
STREET ADDRESS <b>345 PARK AVE.</b>	
CITY-ST-ZIP <b>NEW YORK NY</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>LASKER, JOEL M.</b>	
STREET ADDRESS <b>345 PARK AVE</b>	
CITY-ST-ZIP <b>NEW YORK NY</b>	
TITLE <b>VT</b>	<input type="checkbox"/> Delete
NAME <b>BAINS, HARRISON M. JR.</b>	
STREET ADDRESS <b>345 PARK AVE</b>	
CITY-ST-ZIP <b>NEW YORK NY</b>	

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED Secretary** *1/18/00*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #