

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90083 049 \*\*\*\*50.00

**DOCUMENT # M00000001030**

1. Entity Name  
**E.R. SQUIBB & SONS, L.L.C.**

|   |   |
|---|---|
| Principal Place of Business<br><b>TAX DEPT. - 3RD FLOOR<br/>         345 PARK AVENUE<br/>         NEW YORK NY 10154</b> | Mailing Address<br><b>TAX DEPT. - 3RD FLOOR<br/>         345 PARK AVENUE<br/>         NEW YORK NY 10154</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>13-6121983</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$5.00</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |  |  |           |  |          |  |
|---|--|--|--|--|--|--|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |           |  |          |  |
| <b>C T CORPORATION SYSTEM<br/>         1200 SOUTH PINE ISLAND ROAD<br/>         PLANTATION FL 33324</b> |  |  |  | Name   |  |  |  |           |  |          |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |           |  |          |  |
|   |  |  |  | City   |  |  |  | <b>FL</b> |  | 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS |                            |  |  | 10. ADDITIONS/CHANGES |                              |                                 |  |
|------------------------------|----------------------------|--|--|-----------------------|------------------------------|---------------------------------|--|
| TITLE                        | <b>P</b>                   | <input type="checkbox"/> Delete            |  | TITLE                 |                              | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                         | <b>LANE, RICHARD</b>       |  |  | NAME                  |                              |                                 |  |
| STREET ADDRESS               | <b>345 PARK AVE.</b>       |  |  | STREET ADDRESS        |                              |                                 |  |
| CITY-ST-ZIP                  | <b>NEW YORK NY 10154</b>   |  |  | CITY-ST-ZIP           |                              |                                 |  |
| TITLE                        | <b>DV</b>                  | <input type="checkbox"/> Delete            |  | TITLE                 |                              | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                         | <b>MCGOLDRICK, JOHN</b>    |  |  | NAME                  |                              |                                 |  |
| STREET ADDRESS               | <b>345 PARK AVE.</b>       |  |  | STREET ADDRESS        |                              |                                 |  |
| CITY-ST-ZIP                  | <b>NEW YORK NY 10154</b>   |  |  | CITY-ST-ZIP           |                              |                                 |  |
| TITLE                        | <b>DV</b>                  | <input type="checkbox"/> Delete            |  | TITLE                 |                              | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                         | <b>SCHIFF, FREDERICK S</b> |  |  | NAME                  |                              |                                 |  |
| STREET ADDRESS               | <b>345 PARK AVE.</b>       |  |  | STREET ADDRESS        |                              |                                 |  |
| CITY-ST-ZIP                  | <b>NEW YORK NY 10154</b>   |  |  | CITY-ST-ZIP           |                              |                                 |  |
| TITLE                        | <b>SV</b>                  | <input type="checkbox"/> Delete            |  | TITLE                 |                              | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                         | <b>LEUNG, SANDRA</b>       |  |  | NAME                  |                              |                                 |  |
| STREET ADDRESS               | <b>345 PARK AVE.</b>       |  |  | STREET ADDRESS        |                              |                                 |  |
| CITY-ST-ZIP                  | <b>NEW YORK NY 10154</b>   |  |  | CITY-ST-ZIP           |                              |                                 |  |
| TITLE                        | <b>TV</b>                  | <input type="checkbox"/> Delete            |  | TITLE                 |                              | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                         | <b>BAINS, HARRISON JR.</b> |  |  | NAME                  |                              |                                 |  |
| STREET ADDRESS               | <b>345 PARK AVE.</b>       |  |  | STREET ADDRESS        |                              |                                 |  |
| CITY-ST-ZIP                  | <b>NEW YORK NY 10154</b>   |  |  | CITY-ST-ZIP           |                              |                                 |  |
| TITLE                        | <b>V</b>                   | <input checked="" type="checkbox"/> Delete |  | TITLE                 | <b>D Assistant Secretary</b> | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME                         | <b>SILVERS, EILEEN S</b>   |  |  | NAME                  | <b>Thomas E. Costa</b>       |                                 |  |
| STREET ADDRESS               | <b>345 PARK AVE.</b>       |  |  | STREET ADDRESS        | <b>345 Park Ave.</b>         |                                 |  |
| CITY-ST-ZIP                  | <b>NEW YORK NY 10154</b>   |  |  | CITY-ST-ZIP           | <b>New York, NY 10154</b>    |                                 |  |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** Secretary **JAN 11 2002** 212-546-4053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

00477-77 CR2E083 (9/01)