


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000001030 1. Entity Name E.R. SQUIBB & SONS, L.L.C.	
--	---

Principal Place of Business TAX DEPT. - 3RD FLOOR 345 PARK AVENUE NEW YORK, NY 10154	Mailing Address TAX DEPT. - 3RD FLOOR 345 PARK AVENUE NEW YORK, NY 10154
---	---



01072004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-6121983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

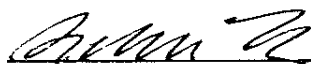
Filing Fee Is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYDEN, DONALD J 345 PARK AVE. NEW YORK, NY 10154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCGOLDRICK, JOHN 345 PARK AVE. NEW YORK, NY 10154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV LEUNG, SANDRA 345 PARK AVE. NEW YORK, NY 10154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAINS, HARRISON JR. 345 PARK AVE. NEW YORK, NY 10154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COSTA, THOMAS E 345 PARK AVE. NEW YORK, NY 10154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000005762
01/15/04-80063-006 50.00

DO NOT WRITE IN THIS SPACE

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:  **1/8/04** **212-546-4053**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #