



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

07-18-2006 90006 036 \*\*\*\*50.00

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	
2. Principal Place of Business <i>Rte 206 + Provinceline Rd.</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>P</i>		Suite, Apt. #, etc.	
City & State <i>Princeton New Jersey</i>		City & State	
Zip <i>08540</i>	Country <i>USA</i>	Zip	Country
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 <i>FL</i> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE <i>PD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAYDEN, DONALD J		NAME <i>Lamberto Andreotti</i>	
STREET ADDRESS 345 PARK AVE.		STREET ADDRESS <i>Rte 206 + Provinceline Rd</i>	
CITY-ST-ZIP NEW YORK, NY 10154		CITY-ST-ZIP <i>Princeton, NJ 08543</i>	
TITLE DV	<input checked="" type="checkbox"/> Delete	TITLE <i>V</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCGOLDRICK, JOHN		NAME <i>Gary Restoni</i>	
STREET ADDRESS 345 PARK AVE.		STREET ADDRESS <i>200 Headquarters Park Dr.</i>	
CITY-ST-ZIP NEW YORK, NY 10154		CITY-ST-ZIP <i>Skillman, NJ 08558</i>	
TITLE SV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEUNG, SANDRA		NAME	
STREET ADDRESS 345 PARK AVE.		STREET ADDRESS	
CITY-ST-ZIP NEW YORK, NY 10154		CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> Delete	TITLE <i>DT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DWYER, EDWARD M		NAME <i>Edward Dwyer</i>	
STREET ADDRESS 345 PARK AVENUE		STREET ADDRESS <i>Rte 206 + Provinceline Road</i>	
CITY-ST-ZIP NEW YORK, NY 10154		CITY-ST-ZIP <i>Princeton NJ 08543</i>	
TITLE DS	<input checked="" type="checkbox"/> Delete	TITLE <i>VS</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COSTA, THOMAS E		NAME <i>Mark Speaker</i>	
STREET ADDRESS 345 PARK AVE.		STREET ADDRESS <i>Rte 206 + Provinceline Rd.</i>	
CITY-ST-ZIP NEW YORK, NY 10154		CITY-ST-ZIP <i>Princeton NJ 08543</i>	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>OK</i> 		Date: <i>7/11/2006</i> (212) 546-4067	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <i>SANDRA LEUNG</i>		Date Daytime Phone #	
CORP. SECRETARY			