

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001030

Entity Name: E.R. SQUIBB & SONS, L.L.C.

FILED
Jun 17, 2010
Secretary of State

Current Principal Place of Business:

RTE. 206 & PROVINCELINE RD
PRINCETON, NJ 08540

New Principal Place of Business:

Current Mailing Address:

TAX DEPT. - 3RD FLOOR
345 PARK AVENUE
NEW YORK, NY 10154

New Mailing Address:

FEI Number: 13-6121983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: S
Name: VORA, SONIA
Address: 345 PARK AVENUE
City-St-Zip: NEW YORK, NY 10154

Title: TD
Name: GALIK, JEFFREY
Address: ROUTE 206 & PROVINCELINE ROAD
City-St-Zip: PRINCETON, NJ 08543

Title: PD
Name: HOOPER, ANTHONY
Address: 777 SCUDDERS MILL ROAD
City-St-Zip: PLAINSBORO, NJ 08536

Title: V
Name: LEWBEL, GARY
Address: 345 PARK AVE
City-St-Zip: NEW YORK, NY 10154

Title: VP
Name: SPEAKER, MARK
Address: ROUTE 206 & PROVINCELINE ROAD
City-St-Zip: PRINCETON, NJ 08543

Title: VP
Name: DE NOTARISTEFANI, CARLO
Address: 1 SQUIBB DRIVE
City-St-Zip: NEW BRUNSWICK, NJ 08903

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: GARY LEWBEL

VP

06/17/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date