

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90086 005 \*\*\*\*50.00

**DOCUMENT # M00000001030**



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

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

**40013896**



CHECK HERE IF MAKING CHANGES

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 Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**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. 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)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LANE, RICHARD</b>	
STREET ADDRESS	<b>345 PARK AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>MCGOLDRICK, JOHN</b>	
STREET ADDRESS	<b>345 PARK AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHIFF, FREDERICK S</b>	
STREET ADDRESS	<b>345 PARK AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> Delete
NAME	<b>LEUNG, SANDRA</b>	
STREET ADDRESS	<b>345 PARK AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>	
TITLE	<b>TV</b>	<input type="checkbox"/> Delete
NAME	<b>BAINS, HARRISON JR.</b>	
STREET ADDRESS	<b>345 PARK AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>COSTA, THOMAS E</b>	
STREET ADDRESS	<b>345 PARK AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10154</b>	

**10. ADDITIONS/CHANGES**

TITLE	<b>P</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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DT</b>	<input checked="" 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		

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:** *Sandra Leung* **SIGNATURE REQUIRED** **Sandra Leung** **JAN 14 2003** **212-546-4053**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)