

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001030

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

**Current Principal Place of Business:**

RTE. 206 & PROVINCE LINE RD  
PRINCETON, NJ 08543

**Current Mailing Address:**

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

**FEI Number:** 13-6121983

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Authorized Person(s) Detail :**

Title S, PRESIDENT, DIRECTOR  
Name KELLY, KATHERINE R  
Address 345 PARK AVENUE  
City-State-Zip: NEW YORK NY 10154

Title VP, TREASURER, DIRECTOR  
Name GALIK, JEFFREY  
Address ROUTE 206 & PROVINCE LINE ROAD  
City-State-Zip: PRINCETON NJ 08543

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

Title VP  
Name SCHMUKLER, LOUIS  
Address 1 SQUIBB DRIVE  
City-State-Zip: NEW BRUNSWICK NJ 08903

Title VP  
Name LOTIER, NATALIE  
Address 1 SQUIBB DRIVE  
City-State-Zip: NEW BRUNSWICK NJ 08903

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY LEWBEL

**VICE PRESIDENT**

**04/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date