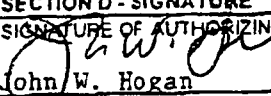
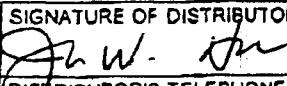


DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service FOOD AND DRUG ADMINISTRATION <b>REGISTRATION OF DRUG ESTABLISHMENT/          LABELER CODE ASSIGNMENT</b> <small>(In accordance with Public Law 92-387)</small>		FDA USE ONLY  <div style="font-size: 2em; font-family: cursive;">RE 24,729</div>		FDA USE ONLY RECEIVED FDA 01 APR 30 AM 9:55			
NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than \$1,000, or both. (FD&C Act, Section 303).				LABELER CODE 000003		REGISTRATION NUMBER 2211101	
<b>SECTION A - SITE INFORMATION</b>							
REPORTING FIRM NAME <b>E. R. Squibb &amp; Sons, LLC</b>						STATE OF INC. <b>Delaware</b>	
SITE ADDRESS (No P.O. Box) <b>1 Squibb Drive</b>						SITE TELEPHONE NUMBER <b>( 732 ) 519-2000</b>	
CITY <b>New Brunswick</b>		STATE <b>NJ</b>	ZIP CODE <b>08903</b>	COUNTRY <b>US</b>	BUSINESS CATEGORY: <input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY		
SITE MAILING ADDRESS (If different from site address) <b>1 Squibb Drive</b>							
CITY <b>Cranbury</b>		STATE <b>NJ</b>	ZIP CODE <b>08512</b>	COUNTRY <b>US</b>	SITE INTERNET/EMAIL ADDRESS		
DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable)							
PARENT COMPANY NAME <b>Bristol-Myers Squibb Company</b>							
REASON(s) FOR SUBMISSION <input type="checkbox"/> Firm Registration <input type="checkbox"/> Merger/Buyout <input type="checkbox"/> Registration of Additional Site <input type="checkbox"/> Reentry Into Business with Same Name <input type="checkbox"/> LC Assignment <input type="checkbox"/> Out of Business <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <b>Annual - no change</b>		TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Coop. Assn. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other _____		PERSON SUBMITTING DATA AND TELEPHONE  BUSINESS TYPE <input checked="" type="checkbox"/> Manufacturer <input checked="" type="checkbox"/> Distributor* <input type="checkbox"/> Repacker <input type="checkbox"/> Foreign Country <input type="checkbox"/> Refinisher <input type="checkbox"/> Analytical Lab <input type="checkbox"/> Other _____			
<b>SECTION B - FIRM COMPLIANCE MAILING ADDRESS for Annual Listing Report and/or Firm Correspondence</b>							
NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code <b>Rt. 206 and Provinceline Road, ATTN: Howard Kessler</b>						TELEPHONE NUMBER <b>( 609 ) 252-4536</b>	
CITY <b>Princeton</b>		STATE <b>NJ</b>	ZIP CODE <b>08540</b>	COUNTRY <b>US</b>	COMPLIANCE INTERNET/EMAIL ADDRESS		
<b>SECTION C - ADDITIONAL FIRM AND SITE INFORMATION</b>							
NAME OF OWNER, PARTNERS OR OFFICERS		TITLE		POSITION			
				<b>RECEIVED</b>			
				<b>APR 10 2001</b>			
<b>OTHER FIRMS DOING BUSINESS AT THIS SITE</b>							
LABELER CODE		FIRM NAME		LABELER CODE		FIRM NAME	
000015		Mead Johnson & Co. Sub					
		Bristol Myers Squibb Co.					
<b>SECTION D - SIGNATURE</b>							
SIGNATURE OF AUTHORIZING OFFICIAL  <b>John W. Hogan</b>				TITLE <b>Associate Director Regulatory Compliance &amp; EHS</b>		DATE <b>April 9, 2001</b>	
*DISTRIBUTOR'S CERTIFICATION: As a Distributor, I am submitting product listing information to the FDA on my own behalf. I have provided a copy of this certification (Form FDA 2656) to the registered manufacturer(s). My signature and phone number are listed below.							
RETURN THIS FORM TO: FOOD AND DRUG ADMINISTRATION INFORMATION MANAGEMENT TEAM, HFD-095 5600 FISHERS LANE ROCKVILLE, MD 20857 INTERNET: DRUGLISTING@CDER.FDA.GOV				SIGNATURE OF DISTRIBUTOR  DISTRIBUTOR'S TELEPHONE NUMBER <b>(609) 395-3994</b>			
				<b>130091</b>			