

DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service FOOD AND DRUG ADMINISTRATION REGISTRATION OF DRUG ESTABLISHMENT/ LABELER CODE ASSIGNMENT (In accordance with Public Law 92-387)	FDA USE ONLY RE 24,729	RECEIVED FDA 01 APR 30 AM 9:55
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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)

SECTION A - SITE INFORMATION

REPORTING FIRM NAME E. R. Squibb & Sons, LLC	LABELER CODE 000003	REGISTRATION NUMBER 2211101
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SITE ADDRESS (No P.O. Box) 1 Squibb Drive	STATE OF INC. Delaware	SITE TELEPHONE NUMBER (732) 519-2000
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CITY New Brunswick	STATE NJ	ZIP CODE 08903	COUNTRY US	BUSINESS CATEGORY: <input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY
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SITE MAILING ADDRESS (If different from site address)
1 Squibb Drive

CITY Cranbury	STATE NJ	ZIP CODE 08512	COUNTRY US	SITE INTERNET/EMAIL ADDRESS
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DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable)

PARENT COMPANY NAME
Bristol-Myers Squibb Company

REASON(S) FOR SUBMISSION <input type="checkbox"/> Firm Registration <input type="checkbox"/> Registration of Additional Site <input type="checkbox"/> LC Assignment <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change	TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input 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 type="checkbox"/> Repacker <input type="checkbox"/> Relabeler
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SECTION B - FIRM COMPLIANCE MAILING ADDRESS for Annual Listing Report and/or Firm Correspondence

NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code
Rt. 206 and Provinceline Road, ATTN: Howard Kessler

CITY Princeton	STATE NJ	ZIP CODE 08540	COUNTRY US	TELEPHONE NUMBER (609) 252-4536
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SECTION C - ADDITIONAL FIRM AND SITE INFORMATION

NAME OF OWNER, PARTNERS OR OFFICERS	TITLE	POSITION
		RECEIVED
		APR 10 2001

OTHER FIRMS DOING BUSINESS AT THIS SITE		OTT/DRLS	
LABELER CODE	FIRM NAME	LABELER CODE	FIRM NAME
000015	Mead Johnson & Co. Sub		
	Bristol Myers Squibb Co.		

SECTION D - SIGNATURE

SIGNATURE OF AUTHORIZING OFFICIAL <i>John W. Hogan</i> John W. Hogan	TITLE Associate Director Regulatory Compliance & EHS	DATE April 9, 2001
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*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 <i>John W. Hogan</i> DISTRIBUTOR'S TELEPHONE NUMBER (609) 395-3994	130091
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