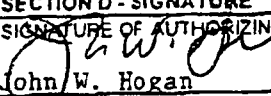
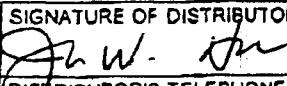


DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service FOOD AND DRUG ADMINISTRATION <b>REGISTRATION OF DRUG ESTABLISHMENT/          LABELER CODE ASSIGNMENT</b> <small>(In accordance with Public Law 92-387)</small>		FDA USE ONLY  <div style="font-size: 2em; font-family: cursive;">RE 24,729</div>		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 E. R. Squibb & Sons, LLC				STATE OF INC. Delaware	
SITE ADDRESS (No P.O. Box) 1 Squibb Drive				SITE TELEPHONE NUMBER ( 732 ) 519-2000	
CITY New Brunswick	STATE NJ	ZIP CODE 08903	COUNTRY US	BUSINESS CATEGORY: <input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY	
SITE MAILING ADDRESS (If different from site address) 1 Squibb Drive					
CITY Cranbury				STATE NJ	ZIP CODE 08512
COUNTRY US				SITE INTERNET/EMAIL ADDRESS	
DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable)					
PARENT COMPANY NAME Bristol-Myers Squibb Company					
<b>REASON(s) FOR SUBMISSION</b> <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		<b>TYPE OF OWNERSHIP</b> <input type="checkbox"/> Merger/Buyout <input type="checkbox"/> Reentry Into Business with Same Name <input type="checkbox"/> Out of Business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other		<b>PERSON SUBMITTING DATA AND TELEPHONE</b> <b>BUSINESS TYPE</b> <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Repacker <input type="checkbox"/> Refinisher <input checked="" type="checkbox"/> Distributor* <input type="checkbox"/> Foreign Country <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 Rt. 206 and Provinceline Road, ATTN: Howard Kessler				TELEPHONE NUMBER ( 609 ) 252-4536	
CITY Princeton	STATE NJ	ZIP CODE 08540	COUNTRY US	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>					
				<b>OTI/DRLS</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  John W. Hogan		TITLE Associate Director Regulatory Compliance & EHS		DATE April 9, 2001	
*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 (609) 395-3994			
		130091			