2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000002840

1. *Entity Name*
GILEAD SCIENCES, INC.

Principal Place of Business	Mailing Address
333 LAKESIDE DRIVE FOSTER CITY, CA 94404	333 LAKESIDE DRIVE FOSTER CITY, CA 94404

08312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3047598
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

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

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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 $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000172200
09/13/04-80004-003 550.00

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	MARTIN, JOHN C PH.D.
STREET ADDRESS	333 LAKESIDE DRIVE
CITY-ST-ZIP	FOSTER CITY, CA 94404
TITLE	VCFO
NAME	MILLIGAN, JOHN F
STREET ADDRESS	333 LAKESIDE DRIVE
CITY-ST-ZIP	FOSTER CITY, CA 94404
TITLE	VS
NAME	PERRY, MARK L
STREET ADDRESS	333 LAKESIDE DRIVE
CITY-ST-ZIP	FOSTER CITY, CA 94404
TITLE	V
NAME	BISCHOLFBERGER, NORMA W PH.D.
STREET ADDRESS	333 LAKESIDE DRIVE
CITY-ST-ZIP	FOSTER CITY, CA 94404
TITLE	V
NAME	ROBERTS, MARSHA
STREET ADDRESS	333 LAKESIDE DRIVE
CITY-ST-ZIP	FOSTER CITY, CA 94404
TITLE	CD
NAME	DENNY, JAMES M
STREET ADDRESS	333 LAKESIDE DRIVE
CITY-ST-ZIP	FOSTER CITY, CA 94404

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #