2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 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

DO NOT WRITE IN THIS SPACE

05112005 No Chg-P CR2E034 (10/03)

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

DO NOT WRITE IN THIS SPACE

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 7, 2005

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

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

(000000367836
05/23/05-80002-002 550.00

DO NOT WRITE IN THIS SPACE

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: _____ 5/18/05 (650-574-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #