

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90003 001 ***550.00

DOCUMENT # F01000002840

1. Entity Name
GILEAD SCIENCES, INC.



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

Mailing Address
**333 LAKESIDE DRIVE
FOSTER CITY, CA 94404**

50021281



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06052006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

94-3047598

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
MARTIN, JOHN C PH.D.
333 LAKESIDE DRIVE
FOSTER CITY, CA 94404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
MILLIGAN, JOHN F
333 LAKESIDE DRIVE
FOSTER CITY, CA 94404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
PERRY, MARK L
333 LAKESIDE DRIVE
FOSTER CITY, CA 94404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BISCHOLFBERGER, NORMA W PH.D.
333 LAKESIDE DRIVE
FOSTER CITY, CA 94404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Norbert Bischofberger ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ROBERTS, MARSHA
333 LAKESIDE DRIVE
FOSTER CITY, CA 94404** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
DENNY, JAMES M.
333 LAKESIDE DRIVE
FOSTER CITY, CA 94404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Gregg Alton, Sr VP & GC

6/6/06

650-574-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



GILEAD

Advancing Therapeutics.
Improving Lives.

ATTACHMENT

50021281
#F01000002840

June 8, 2006

VIA FEDERAL EXPRESS

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, Florida 32301

Re: 2006 Annual Report

To Whom It May Concern:

Enclosed please find a completed and signed original 2006 Annual Report on behalf of Gilead Sciences, Inc. along with a check in the amount of \$550.00 for the filing fee.

Should you have any questions, I can be reached directly at 650-522-5378 or via email at erobinson@gilead.com

Sincerely,

Elizabeth Robinson
Corporate Paralegal

Enclosures