2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 14, 2009
Secretary of State

DOCUMENT# F01000002840

Entity Name: GILEAD SCIENCES, INC.

Current Principal Place of Business:

333 LAKESIDE DRIVE
FOSTER CITY, CA 94404

New Principal Place of Business:

Current Mailing Address:

333 LAKESIDE DRIVE
FOSTER CITY, CA 94404

New Mailing Address:

FEI Number: 94-3047598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: MARTIN, JOHN C
Address: 333 LAKESIDE DRIVE
City-St-Zip: FOSTER CITY, CA 94404

Title: P ( ) Delete
Name: MILLIGAN, JOHN F
Address: 333 LAKESIDE DRIVE
City-St-Zip: FOSTER CITY, CA 94404

Title: S ( ) Delete
Name: ALTON, GREGG H
Address: 333 LAKESIDE DRIVE
City-St-Zip: FOSTER CITY, CA 94404

Title: D ( ) Delete
Name: DENNY, JAMES M
Address: 333 LAKESIDE DRIVE
City-St-Zip: FOSTER CITY, CA 94404

Title: VP ( ) Delete
Name: PLETCHER, BRETT A .
Address: 333 LAKESIDE DRIVE
City-St-Zip: FOSTER CITY, CA 94404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: PLETCHER, BRETT .
Address: 333 LAKESIDE DRIVE
City-St-Zip: FOSTER CITY, CA 94404

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRETT PLETCHER V 07/14/2009

Electronic Signature of Signing Officer or Director Date