

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000002840

**Entity Name:** GILEAD SCIENCES, INC.

**Current Principal Place of Business:**

333 LAKESIDE DRIVE  
FOSTER CITY, CA 94404

**Current Mailing Address:**

333 LAKESIDE DRIVE  
FOSTER CITY, CA 94404 US

**FEI Number: 94-3047598**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name MOORE, NICHOLAS G.  
Address 333 LAKESIDE DRIVE  
City-State-Zip: FOSTER CITY CA 94404

Title DIRECTOR  
Name LOFTON, KEVIN E.  
Address 333 LAKESIDE DRIVE  
City-State-Zip: FOSTER CITY CA 94404

Title DIRECTOR  
Name KRAMER, KELLY A.  
Address 333 LAKESIDE DRIVE  
City-State-Zip: FOSTER CITY CA 94404

Title DIRECTOR  
Name MARTIN, JOHN C.  
Address 333 LAKESIDE DRIVE  
City-State-Zip: FOSTER CITY CA 94404

Title DIRECTOR  
Name WHITLEY, RICHARD J.  
Address 333 LAKESIDE DRIVE  
City-State-Zip: FOSTER CITY CA 94404

Title DIRECTOR  
Name WILSON, GAYLE EDLUND  
Address 333 LAKESIDE DRIVE  
City-State-Zip: FOSTER CITY CA 94404

Title DIRECTOR  
Name WOLD-OLSEN, PER  
Address 333 LAKESIDE DRIVE  
City-State-Zip: FOSTER CITY CA 94404

Title PRESIDENT  
Name MILLIGAN, JOHN F.  
Address 333 LAKESIDE DRIVE  
City-State-Zip: FOSTER CITY CA 94404

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: BRETT PLETCHER**

**SECRETARY**

**04/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            PLETCHER, BRETT  
Address        333 LAKESIDE DRIVE  
City-State-Zip: FOSTER CITY CA 94404