

2019 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 PRESIDENT / DIRECTOR
Name MILLIGAN, JOHN F.
Address 333 LAKESIDE DRIVE
City-State-Zip: FOSTER CITY CA 94404

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

Title CFO
Name WASHINGTON, ROBIN
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 DIRECTOR
Name COGAN, JOHN F.
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

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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****03/20/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name MOORE, NICHOLAS G.
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