

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001359

Entity Name: PHARMACYCLICS, INC.**Current Principal Place of Business:**999 EAST ARQUES AVENUE
SUNNYVALE, CA 94085**Current Mailing Address:**999 EAST ARQUES AVENUE
SUNNYVALE, CA 94085**FEI Number:** 94-3148201**Certificate of Status Desired:** Yes**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 CHRM
Name DUGGAN, ROBERT W
Address 999 EAST ARQUES AVENUE
City-State-Zip: SUNNYVALE CA 94085

Title D
Name CLARK, KENNETH S
Address 999 EAST ARQUES AVENUE
City-State-Zip: SUNNYVALE CA 94085

Title D
Name HALVORSON, ERIC H
Address 999 EAST ARQUES AVENUE
City-State-Zip: SUNNYVALE CA 94085

Title DIRECTOR
Name DUGGAN, ROBERT W
Address 999 EAST ARQUES AVENUE
City-State-Zip: SUNNYVALE CA 94085

Title D
Name BOOTH, ROBERT F
Address 999 EAST ARQUES AVENUE
City-State-Zip: SUNNYVALE CA 94085

Title CFO
Name SONI, MANMEET
Address 999 EAST ARQUES AVENUE
City-State-Zip: SUNNYVALE CA 94085

Title SECRETARY
Name STRACKER, ELAINE
Address 999 EAST ARQUES AVENUE
City-State-Zip: SUNNYVALE CA 94085

Title DIRECTOR
Name MEHTA, MINESH P.
Address 999 EAST ARQUES AVENUE
City-State-Zip: SUNNYVALE CA 94085

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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: SONI, MANMEET**CFO****04/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, DAVID D
Address 999 EAST ARQUES AVENUE
City-State-Zip: SUNNYVALE CA 94085

Title DIRECTOR
Name BROEK, RICHARD VAN DEN BROEK
Address 999 EAST ARQUES AVENUE
City-State-Zip: SUNNYVALE CA 94085