

**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 BOOTH, ROBERT F  
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 CFO  
Name SONI, MANMEET  
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 SECRETARY  
Name STRACKER, ELAINE  
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 DIRECTOR  
Name MEHTA, MINESH P.  
Address 999 EAST ARQUES AVENUE  
City-State-Zip: SUNNYVALE CA 94085

**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:** 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