

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000003530

FILED
Jan 30, 2018
Secretary of State
CC8878690797

Entity Name: ARRAY BIOPHARMA INC.

Current Principal Place of Business:

3200 WALNUT STREET
BOULDER, CO 80301

Current Mailing Address:

3200 WALNUT STREET
BOULDER, CO 80301 US

FEI Number: 84-1460811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CEO
Name SQUARER, RON
Address 3200 WALNUT STREET
City-State-Zip: BOULDER CO 80301

Title CFO
Name JASON, HADDOCK
Address 3200 WALNUT STREET
City-State-Zip: BOULDER CO 80301

Title CSO
Name SACCOMANO, NICHOLAS
Address 3200 WALNUT STREET
City-State-Zip: BOULDER CO 80301

Title COO
Name ROBBINS, ANDREW
Address 3200 WALNUT STREET
City-State-Zip: BOULDER CO 80301

Title CMO
Name SANDOR, VICTOR
Address 3200 WALNUT STREET
City-State-Zip: BOULDER CO 80301

Title EVP, GENERAL COUNSEL,
SECRETARY
Name OLTMANS, CURTIS
Address 3200 WALNUT STREET
City-State-Zip: BOULDER CO 80301

Title COO
Name ROBBINS, ANDREW
Address C/O ARRAY BIOPHARMA INC.
3200 WALNUT STREET
City-State-Zip: BOULDER CO 80301

Title DIRECTOR
Name LEFKOFF, KYLE A.
Address 3200 WALNUT STREET
City-State-Zip: BOULDER CO 80301

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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: CURTIS OLTMANS

**EVP, GENERAL
COUNSEL, SECRETARY**

01/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BAUM, CHARLES M. M.D., PH.D
Address 3200 WALNUT STREET
City-State-Zip: BOULDER CO 80301

Title DIRECTOR
Name ORWIN, JOHN A.
Address 3200 WALNUT STREET
City-State-Zip: BOULDER CO 80301

Title DIRECTOR
Name SQUARER, RON
Address 3200 WALNUT STREET
City-State-Zip: BOULDER CO 80301

Title DIRECTOR
Name FYFE, GWEN A. M.D.
Address 3200 WALNUT STREET
City-State-Zip: BOULDER CO 80301

Title DIRECTOR
Name VAN LUNSEN, GIL J.
Address 3200 WALNUT STREET
City-State-Zip: BOULDER CO 80301

Title DIRECTOR
Name SHARP, SHALINI
Address 3200 WALNUT STREET
City-State-Zip: BOULDER CO 80301