

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000000757

**Entity Name:** CHEMOCENTRYX, INC.**Current Principal Place of Business:**ONE AMGEN CENTER DRIVE  
THOUSAND OAKS, CA 91320**Current Mailing Address:**ONE AMGEN CENTER DRIVE  
THOUSAND OAKS, CA 91320 US**FEI Number:** 94-3254365**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            REESE, DAVID M.  
Address        ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title            VP  
Name            ROBINSON, ANDREA A.  
Address        ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title            VP  
Name            MILLER, DEREK  
Address        ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title            VP  
Name            MURRY, JERRY  
Address        ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title            VP  
Name            RABUSHKA, ANTON P.  
Address        ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title            VP  
Name            URBAN, CHRISTOPHER M.  
Address        ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title            VP  
Name            SANTOS, ESTEBAN  
Address        ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title            VP, SECRETARY  
Name            GRAHAM, JONATHAN P.  
Address        ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

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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:** LISA KATZ GRUBER

VICE PRESIDENT

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name GRUBER, LISA KATZ  
Address ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title VP, CFO, DIRECTOR  
Name GRIFFITH, PETER H.  
Address ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title VP  
Name LENZ, ROBERT A.  
Address ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title VP  
Name SWEENEY, SUSAN W.  
Address ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title VP  
Name BUSCH, MATTHEW C.  
Address ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title VP  
Name BRADNER, JAMES E.  
Address ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title VP  
Name ELINOFF, ADAM S.  
Address ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title VP  
Name GORDON, MURDO  
Address ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title VP  
Name KHOSLA, RACHNA  
Address ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title VP  
Name WATT, STUART L.  
Address ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title VP  
Name WHITEFORD, WENDY A.  
Address ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title VP  
Name SORIA, JEAN-CHARLES  
Address ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

Title VP  
Name ZIMMER, DAVID R.  
Address ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320