

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000318

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: ONYX PHARMACEUTICALS, INC.

## Current Principal Place of Business:

2100 POWELL STREET  
EMERYVILLE, CA 94608

## New Principal Place of Business:

2100 POWELL STREET  
12TH FLOOR  
EMERYVILLE, CA 94608

## Current Mailing Address:

2100 POWELL STREET  
EMERYVILLE, CA 94608

## New Mailing Address:

2100 POWELL STREET  
12TH FLOOR  
EMERYVILLE, CA 94608

FEI Number: 94-3154463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: RENTON, HOLLINGS C  
Address: 2100 POWELL STREET 12TH FLOOR  
City-St-Zip: EMERYVILLE, CA 94608

Title: CEO ( ) Delete  
Name: GODDARD, PAUL PH.D.  
Address: 6300 DUMBARTON CIRCLE  
City-St-Zip: FREMONT, CA 94555

Title: C ( ) Delete  
Name: GRILLO-LOPEZ, ANTONIO M.D.  
Address: POST OFFICE BOX 3797  
City-St-Zip: RANCHO SANTA FE, CA 920673797

Title: V ( ) Delete  
Name: LYLE, CORRINE H  
Address: ONE EDWARDS WAY  
City-St-Zip: IRVINE, CA 92614

Title: PCEO ( ) Delete  
Name: WIGGINS, THOMAS G  
Address: 3160 PORTER DRIVE  
City-St-Zip: PALO ALTO, CA 94027

Title: V ( ) Delete  
Name: GIOTTA, GREGORY J PH.D.  
Address: 2100 POWELL STREET 12TH FLOOR  
City-St-Zip: EMERYVILLE, CA 94608

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREGORY W. SCHAFER

CFO

04/21/2008

Electronic Signature of Signing Officer or Director

Date