

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000001548

Entity Name: PORTOLA PHARMACEUTICALS, INC.**Current Principal Place of Business:**270 EAST GRAND AVENUE
SUITE 22
SOUTH SAN FRANCISCO, CA 94080**Current Mailing Address:**270 EAST GRAND AVENUE
SUITE 22
SOUTH SAN FRANCISCO, CA 94080 US**FEI Number:** 20-0216859**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR., SUITE A
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	CEO, CHAIRMAN
Name	LIS, BILL
Address	270 EAST GRAND AVENUE SUITE 22
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	CFO
Name	DIER, MARDI
Address	270 EAST GRAND AVENUE SUITE 22
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	SECRETARY
Name	OUIMETTE, MIKE
Address	270 EAST GRAND AVENUE SUITE 22
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	DIRECTOR
Name	RENTON, HOLLINGS C
Address	270 EAST GRAND AVENUE SUITE 22
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	DIRECTOR
Name	BIRD, JEFFREY
Address	270 EAST GRAND AVENUE SUITE 22
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	DIRECTOR
Name	BREGE, LAURA
Address	270 EAST GRAND AVENUE SUITE 22
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	DIRECTOR
Name	FENTON, DENNIS
Address	270 EAST GRAND AVENUE SUITE 22
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

Title	DIRECTOR
Name	HOMCY, CHARLES
Address	270 EAST GRAND AVENUE SUITE 22
City-State-Zip:	SOUTH SAN FRANCISCO CA 94080

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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: MIKE OUIMETTE**SECRETARY****04/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JOHNSON, JOHN H
Address 270 EAST GRAND AVENUE
 SUITE 22
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title DIRECTOR
Name WOLFF, H. WARD
Address 270 EAST GRAND AVENUE
 SUITE 22
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title DIRECTOR
Name STUMP, DAVID C
Address 270 EAST GRAND AVENUE
 SUITE 22
City-State-Zip: SOUTH SAN FRANCISCO CA 94080