

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000318

Entity Name: ONYX PHARMACEUTICALS, INC.

Current Principal Place of Business:

ONE AMGEN CENTER DRIVE
THOUSAND OAKS, CA 91320-1799

Current Mailing Address:

ONE AMGEN CENTER DRIVE
THOUSAND OAKS, CA 91320-1799 US

FEI Number: 94-3154463

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
Name CAGNONI, PABLO DR.
Address ONE AMGEN CENTER DRIVE
City-State-Zip: THOUSAND OAKS CA 91320-1799

Title DIRECTOR
Name HOOPER, ANTHONY C.
Address ONE AMGEN CENTER DRIVE
City-State-Zip: THOUSAND OAKS CA 91320-1799

Title DIRECTOR
Name DAVID, MELINE W
Address ONE AMGEN CENTER DRIVE
City-State-Zip: THOUSAND OAKS CA 91320-1799

Title SECRETARY, DIRECTOR
Name SCOTT, DAVID J.
Address ONE AMGEN CENTER DRIVE
City-State-Zip: THOUSAND OAKS CA 91320-1799

Title TREASURER
Name LEHMANN, MARY A.
Address ONE AMGEN CENTER DRIVE
City-State-Zip: THOUSAND OAKS CA 91320-1799

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: DAVID J SCOTT

SECRETARY

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date