

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000000318

**FILED**  
**Jan 13, 2020**  
**Secretary of State**  
**1156904417CC**

**Entity Name:** ONYX PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

ONE AMGEN CENTER DRIVE  
THOUSAND OAKS, CA 91320

**Current Mailing Address:**

P.O. BOX 23926  
TAMPA, FL 33623-3926 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, DIRECTOR  
Name            REESE, DAVID M  
Address        ONE AMGEN CENTER DRIVE  
City-State-Zip: THOUSAND OAKS CA 91320

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

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

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

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

*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:** JONATHAN P. GRAHAM

**SECRETARY**

**01/13/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date