

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
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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