

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000318

FILED
Apr 30, 2012
Secretary of State

Entity Name: ONYX PHARMACEUTICALS, INC.

Current Principal Place of Business:

249 EAST GRAND AVENUE
SOUTH SAN FRANCISCO, CA 94080 US

New Principal Place of Business:

Current Mailing Address:

249 EAST GRAND AVENUE
SOUTH SAN FRANCISCO, CA 94080 US

New Mailing Address:

FEI Number: 94-3154463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: P
Name: COLES, N. ANTHONY
Address: 249 EAST GRAND AVENUE
City-St-Zip: SOUTH SAN FRANCISCO, CA 94080 US

Title: D
Name: GODDARD, PAUL
Address: 249 EAST GRAND AVENUE
City-St-Zip: SOUTH SAN FRANCISCO, CA 94080 US

Title: D
Name: GRILLO-LOPEZ, ANTONIO
Address: 249 EAST GRAND AVENUE
City-St-Zip: SOUTH SAN FRANCISCO, CA 94080 US

Title: CFO
Name: FUST, MATTHEW K.
Address: 249 EAST GRAND AVENUE
City-St-Zip: SOUTH SAN FRANCISCO, CA 94080 US

Title: V
Name: LOVE, TED W.
Address: 249 EAST GRAND AVENUE
City-St-Zip: SOUTH SAN FRANCISCO, CA 94080 US

Title: S
Name: SHEMA, SUZANNE M
Address: 249 EAST GRAND AVENUE
City-St-Zip: SOUTH SAN FRANCISCO, CA 94080 US

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: MATTHEW K. FUST

CFO

04/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date