

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214522955

1.) CORPORATION NAME:

GENENTECH, INC.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1026162**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE DNA WAY

CITY/ST/ZIP: S SAN FRANCISCO, CA 94080

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	FREDERICK C KENTZ III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/S/CCO		
ADDRESS:	1 DNA WAY		
CITY/ST/ZIP/CO:	S SAN FRANCISCO, CA 94080		

NAME:	IAN T CLARK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1 DNA WAY		
CITY/ST/ZIP/CO:	SOUTH SAN FRANCISCO, CA 94080		

NAME:	STEVE E KROGNES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/SRVP/		
ADDRESS:	1 DNA WAY		
CITY/ST/ZIP/CO:	SOUTH SAN FRANCISCO, CA 94080		

NAME:	PROFESSOR SIR JOHN IRVING BELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 DNA WAY		
CITY/ST/ZIP/CO:	SOUTH SAN FRANCISCO, CA 94080		

NAME:	WILLIAM M. BURNS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 DNA WAY		
CITY/ST/ZIP/CO:	SOUTH SAN FRANCISCO, CA 94080		

NAME:	DR. ALAN HIPPE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 DNA WAY		
CITY/ST/ZIP/CO:	SOUTH SAN FRANCISCO, CA 94080		

NAME: ANDRE HOFFMANN TITLE: DIRECTOR ADDRESS: 1 DNA WAY CITY/ST/ZIP/CO: SOUTH SAN FRANCISCO, CA 94080	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ARTHUR D. LEVINSON, PH.D. TITLE: DIRECTOR ADDRESS: 1 DNA WAY CITY/ST/ZIP/CO: SOUTH SAN FRANCISCO, CA 94080	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL O'DAY TITLE: DIRECTOR ADDRESS: 1 DNA WAY CITY/ST/ZIP/CO: SOUTH SAN FRANCISCO, CA 94080	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SEVERIN SCHWAN, PH.D. TITLE: DIRECTOR ADDRESS: 1 DNA WAY CITY/ST/ZIP/CO: SOUTH SAN FRANCISCO, CA 94080	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ FREDERICK C KENTZ III _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FREDERICK C KENTZ III, SR VP/S/CCO _____ PRINTED NAME AND CORPORATE TITLE
4/30/2014 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	