



# Forward-Looking Statement

Please note that the following presentation contains certain statements that are forward-looking, including our estimated future revenues and expenses as well as our estimated future balances of cash, cash equivalents, marketable securities, investments held by Symphony Evolution and restricted cash. These statements are only predictions and are based upon our current expectations. Forward-looking statements involve risks and uncertainties. Our actual results and the timing of events could differ materially from those anticipated in our forward-looking statements as a result of these risks and uncertainties, which include: (1) our ability to enter into new collaborations, continue existing collaborations and receive milestones and royalties derived from future products developed from research efforts under collaborative agreements; (2) the potential failure of our product candidates to demonstrate safety and efficacy in clinical testing; (3) the ability of Helsinn to conduct the Phase 3 clinical trial of XL119 sufficient to achieve FDA approval; (4) our ability to complete and initiate clinical trials at the referenced times; (5) our ability to conduct clinical trials sufficient to achieve positive completion; (6) our ability to file IND applications at the referenced times; and (7) our ability to successfully advance and develop additional compounds. These and other risk factors are discussed under “Risk Factors” in our Quarterly Report for the three months ended September 30, 2005 and other SEC reports. We expressly disclaim any obligation or undertaking to release publicly any updates or revisions to any forward-looking statements contained herein.

# Establishing Oncology Leadership

## Great Pipeline

- 12 high-quality internally-generated compounds in development
- Track record of productivity
  - 3+ high-quality INDs per year
  - Rapid advancement through clinic with multiple phase II compounds

## Aggressive Clinical Development

- Focus on mechanism-based, high-impact indications
- Exploration of large opportunities - potential rapid route-to-market indications

## Solid Financial Position

- ~\$350 million in cash and committed funding at year-end 2005
- >\$1 billion in contingent funding

## Balanced Risk Profile

- Success of any one compound will drive company, while a failure of any one compound is not devastating

**Track record of execution and exceeding goals**

# Development Pipeline – Unique High Quality Compounds

	Lead Op	DC	IND	Phase 1	Phase 2	Phase 3
<b>XL119*</b>	Biliary Tract					
<b>XL784</b>	Diabetic Nephropathy					
<b>XL999</b>	AML, Colon, Myeloma, NSC Lung, Ovary, Renal					
<b>XL647</b>	Breast, NSC Lung					
<b>XL880</b>	c-Met, VEGFR2					
<b>XL844</b>	CHK1, CHK2					
<b>XL820</b>	Kit, VEGFR2, PDGFR					
<b>XL184</b>	c-Met, VEGFR2					
<b>XL281</b>	RAF					
<b>XL418</b>	AKT/S6K					
<b>XL228</b>	IGF1R, SRC, ABL T315I					
<b>XL550</b>	MR					
<b>XL335*</b>	FXR					
<b>LXR*</b>	LXR					

\*Out-licensed to Helsinn Healthcare SA, Wyeth, BMS

# Quality in Addition to Quantity

## **First 4 internally generated compounds moving into Phase II**

- No attrition from DC through Phase I trials
- Dosed at levels that resulted in good efficacy in animal models

## **First 5 compounds demonstrated good pharmaceutical properties in man**

- 4 orally administered (XL999 dosed IV)
- Good half-lives, Dose-proportional, Good DMPK and PD

## **Half of pipeline directed to clinically validated targets**

- Potential to be Best-In-Class
- Generally more potent in pre-clinical assays
- Unique spectrum of targets

## **Half of pipeline directed toward well-characterized targets**

- Potential to be First-In-Class
- Highly potent, good DMPK properties in preclinical studies

# Our Lead Compounds are Moving into Phase II

## **XL999<sup>1</sup>: 22 evaluable patients followed for ≥8 weeks:**

- 2 partial responses (1 confirmed)
- 1 minor response (28% reduction)
- 4 patients with stable disease for 3–7 months

## **XL647<sup>1</sup>: 31 evaluable patients followed for ≥8 weeks:**

- 1 partial response (NSCLC)
- 7 patients with stable disease > 3 months (NSCLC [n=2], chordoma [n=2], adenoid cystic carcinoma, adrenalcortical carcinoma, colorectal)

## **XL880<sup>1</sup>: 13 evaluable patients treated across 3 dose levels:**

- Well tolerated up to and including the 0.4 mg/kg dose level
- MTD has not yet been reached and dose escalation is ongoing

## **XL784**

- Reduces proteinuria, slows the progression of hypertensive and diabetic nephropathy in preclinical models. Effects are additive with ACE and ARB therapy.
- In phase I studies, compound was orally available, well-tolerated, with a good half-life.

1. Data Presented at EORTC-AACR-NCI Meeting, November 2005

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# XL999 Phase II Studies – Aggressive development

<b>Tumor Type</b>	<b>Target Population</b>
<b>Non Small Cell Lung Cancer (NSCLC)</b>	Patients who have received prior platinum or taxane therapy
<b>Metastatic Colorectal Carcinoma (CRC)</b>	Patients who have received at least one prior therapy regimen
<b>Recurrent Ovarian Carcinoma</b>	Patients who have or have not previously received a platinum based regimen (2 cohorts)
<b>Metastatic Renal Cell Cancer</b>	Patients with or without prior therapy (2 cohorts)
<b>Relapsed/Refractory Multiple Myeloma</b>	Patients refractory to or relapsed after two prior chemotherapeutic or biologic therapies
<b>Acute Myeloid Leukemia</b>	Patients who are untreated or have received at least two chemotherapy regimens (2 cohorts)



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# XL647 Phase II Studies – Targeted Development

Tumor Type	Target Population
Non Small Cell Lung Cancer	Patients with metastatic non-small cell lung cancer who have received <b>no prior cytotoxic therapy</b>
Non Small Cell Lung Cancer	Patients with metastatic non-small cell lung cancer who have <b>previously responded to Tarceva and progressed</b>
Metastatic Breast Cancer	Patients with metastatic breast cancer who have received prior anthracycline and taxane therapy

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# XL784 Phase II Clinical Trial Concept

<b>Patient Type</b>	<b>Type II diabetes with proteinuria</b>
<b>Study Design</b>	Randomized phase II
<b>Primary Endpoint</b>	Reduction in proteinuria
<b>Secondary Endpoints</b>	Change in renal function, cardiovascular events
<b>Target Study Completion</b>	Early 2007

# Quality Compounds in Development

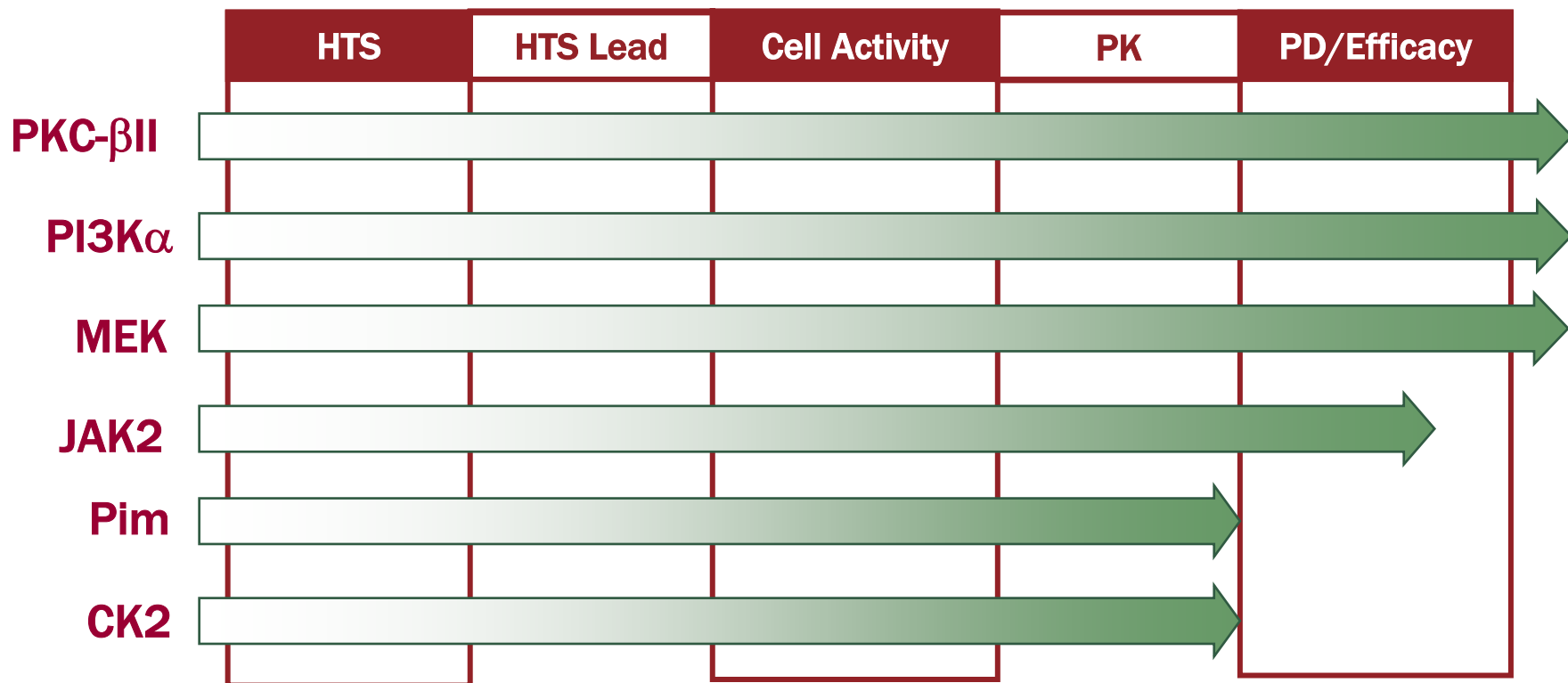
## Phase I

Compound	Description
XL880	First-in-class c-Met inhibitor
XL184	Potential best-in-class VEGFR2 inhibitor
XL820	Novel SS-RTK ideally tuned for GIST, SCLC & AML
XL844	First CHK1/CHK2 inhibitor in the clinic

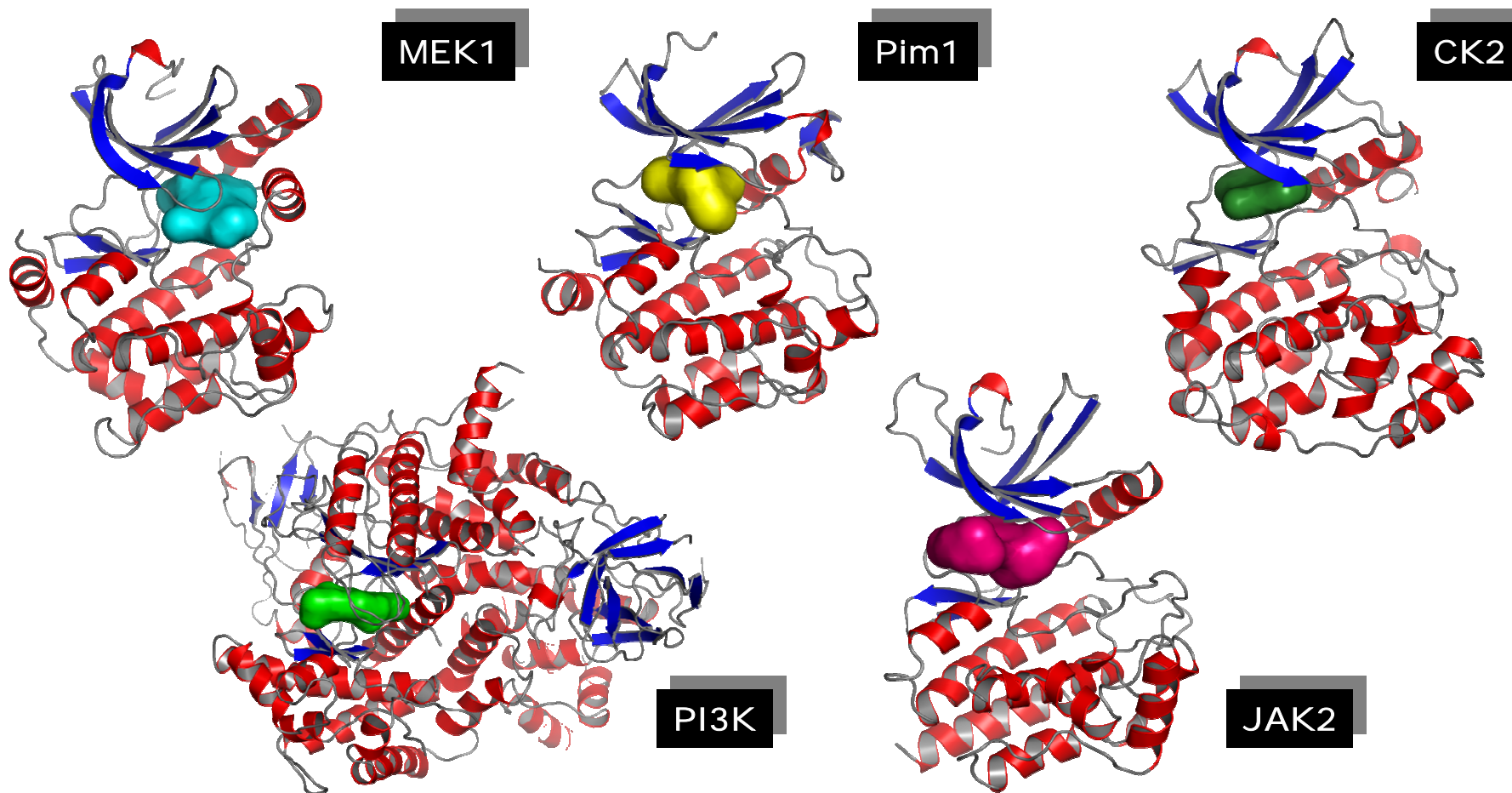
## Preclinical

Compound	Description
XL281	RAF inhibitor
XL418	AKT/S6K
XL228	IGF1R, SRC, ABL T315I

## Current Lead Op Projects – Potential 2006 DCs



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Low nM leads with structural data driving final lead optimization



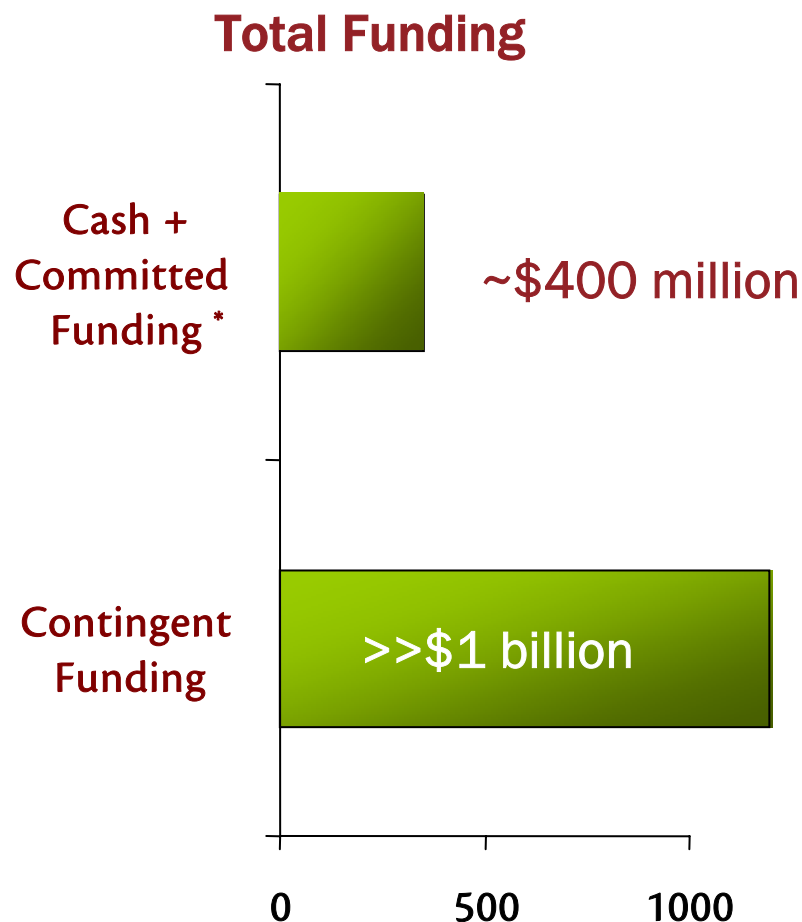
# Exelixis 2005 Business Accomplishments

<b>Amend GSK Agreement</b>	<b>January</b>
<b>Finish integration of X-Ceptor</b>	<b>February</b>
<b>Amend GenOptera Agreement</b>	<b>April</b>
<b>\$35 million GSK milestone</b>	<b>May</b>
<b>Genentech Notch Collaboration</b>	<b>June</b>
<b>Symphony Transaction</b>	<b>June</b>
<b>Helsinn Partnership for XL119</b>	<b>June</b>
<b>\$50 million offering</b>	<b>October</b>
<b>BMS LXR Collaboration</b>	<b>December</b>
<b>Wyeth FXR Transaction</b>	<b>December</b>

# 2005 Financial Accomplishments

## Significant New Funding with Minimized Dilution

'05 Deals	New Funding (Committed)
BMS	38
Genentech	16
Genoptera	14
GSK	35
Helsinn	4
Wyeth	10
Symphony	80
Financing	50
<b>TOTAL</b>	<b>~250</b>



\* Assumes second Symphony draw of \$40 million; committed funding is payable over the term of existing collaborations, the longest of which (GSK) expires in 2008

# Sankyo MR Collaboration

**\$20 million upfront payment and R&D funding and commercialization milestones and double-digit royalties**

**15 month collaboration with potential two year extension**

**Mineralocorticoid Receptor (MR) implicated in variety of cardiovascular and metabolic diseases**

**Exelixis conducting preclinical chemistry to optimize lead and backup compounds**

**Sankyo responsible for further preclinical and clinical development, regulatory, manufacturing and commercialization activities**

# Financials (in millions)

	2005A	2006E
Revenues	\$76.0	\$100-110
Non- GAAP Operating Expenses*	\$168.8	\$210-235
Cash Balance**	\$210.5	>\$130

\* Excludes stock compensation expense in the range of \$15 million to \$20 million and other non cash charges estimated at approximately \$1 million, which are included in GAAP operating expenses. A reconciliation of non-GAAP operating expenses to GAAP operating expenses is contained in the Exelixis fourth quarter and year end press release, which is posted at [www.exelixis.com](http://www.exelixis.com).

\*\* Includes cash, cash equivalents, marketable securities, investments held by Symphony Evolution Inc. and restricted cash and investments.

# 2006 Goals – An *EXEL*-ENT Outlook

## Phase II trials

- XL999, XL647, XL784, XL880, XL820

## Phase I data

- XL999, XL647, XL880, XL820, XL184, XL844

## Clinical Data Presentations

- ASCO, EORTC, ASH

## IND filings

- XL228, XL418, XL281

## 3-4 Proprietary Development Compounds (DC)

## Additional collaborations and business transactions

# Our Goal: Become a Major Cancer Company

## **Sustain pipeline of high-quality compounds**

- 3+ INDs per year from validated discovery process

## **Pursue unique development opportunities**

- Generate early proof-of-concept in high unmet need patients
- Expand potential indications with more prevalent tumors

## **Strategically leverage large pipeline**

- 20 compounds in lead-op, preclinical, or clinical development
- 14 compounds unpartnered

## **Continue strong financial performance**

- > \$350 million in cash and committed funding at year end 2005
- >\$1 billion in contingent funding

## **Partner opportunistically**

- Balance near term cash and long-term upside
- Increase equity ownership in compounds over time

**Bring Better Therapies to Cancer Patients**

