2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State
04-30-2004 90352 033 ***150.00

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04222004 Chg-P CR2E034 (10/03)

DOCUMENT # F03000001993

1. Entity Name
CUBIST PHARMACEUTICALS, INC.

Principal Place of Business	Mailing Address
65 HAYDEN AVE. LEXINGTON, MA 02421	65 HAYDEN AVE. LEXINGTON, MA 02421

2. Principal Place of Business	3. Mailing Address
65 HAYDEN AVE.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEXINGTON, MA	City & State:
Zip: 02421 Country: USA	Zip: Country:

4. FEI Number: 22-3192085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ROCKLAGE, SCOTT M 65 HAYDEN AVE. LEXINGTON, MA 02421	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOOM, BARRY M 43 MACKONTOSH ROAD LYME, CT 08542	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAYH, SUSAN 5170 TILDEN ST. NW WASHINGTON, DC 20016	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, DAVID W JR. 281 CHESTNUT STREET SAN FRANCISCO, CA 94133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAUPAY, WALTER R 16 DUNES ROW AMELIA ISLAND, FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARKE, JOHN K 221 NASSAU STREET PRINCETON, NJ 08542	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZABRISKIE, JOHN I 282 BEACON STREET BOSTON, MA 02116	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINGLETON, MATTHEW CITATIONSHARES LLC 5 AMERICAN LANE GREENWICH, CT 06830	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/04 781-860-8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #