2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90259 007 ***150.00

DOCUMENT # F03000001993

1. Entity Name
CUBIST PHARMACEUTICALS, INC.

14009788

04272005 Chg-P CR2E034 (10/03)

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
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	LD DR. DAVID W. MARTIN, JR. 281 CHESTNUT STREET SAN FRANCISCO, CA 94133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAYH, SUSAN 5170 TILDEN ST NW WASHINGTON, DC 20016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DR. MICHAEL B. WOOD 737 E. GULF DRIVE, C1 SANIBEL, FL 33957	☒ 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	D DR. MARTIN ROSENBERG PROMEGA CORP. 2800 WOODS HOLLOW ROAD MADISON, WI 53717	☒ 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 SINGLETON, MATTHEW CITATIONSHARES LLC 5 AMERICAN LANE GREENWICH, CT 06830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #