2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# F03000001993

Entity Name: CUBIST PHARMACEUTICALS, INC.

Current Principal Place of Business:

65 HAYDEN AVE.
LEXINGTON, MA 02421

New Principal Place of Business:

Current Mailing Address:

65 HAYDEN AVE.
LEXINGTON, MA 02421

New Mailing Address:

FEI Number: 22-3192085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	ROCKLAGE, SCOTT M	
Address:	65 HAYDEN AVE.	
City-St-Zip:	LEXINGTON, MA 02421	
Title:	D	( ) Delete
Name:	WOOD, MICHAEL B DR	
Address:	737 E. GULF DRIVE, C1	
City-St-Zip:	WASHINGTON, DC 20016	
Title:	LD	( ) Delete
Name:	MARTIN, DAVID DR. W JR.	
Address:	281 CHESTNUT STREET	
City-St-Zip:	SAN FRANCISCO, CA 94133	
Title:	D	( ) Delete
Name:	MAUPAY, WALTER R	
Address:	16 DUNES ROW	
City-St-Zip:	AMELIA ISLAND, FL 32034	
Title:	D	( ) Delete
Name:	CLARKE, JOHN K	
Address:	221 NASSAU STREET	
City-St-Zip:	PRINCETON, NJ 08542	
Title:	D	( ) Delete
Name:	SINGLETON, MATTHEW C, ITATIONSHARES L LC	
Address:	5 AMERICAN LANE	
City-St-Zip:	GREENWICH, CT 06830	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	C	(X) Change ( ) Addition
Name:	BONNEY, MICHAEL W	
Address:	65 HAYDEN AVE.	
City-St-Zip:	LEXINGTON, MA 02421	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BATE, KENNETH M	
Address:	33 MIDDLE STREET	
City-St-Zip:	CONCORD, MA 01742	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER D.T. GUIFFRE (SVP, GC & SEC) SECR 04/27/2006

Electronic Signature of Signing Officer or Director — Date