


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90019 038 \*\*\*150.00

**DOCUMENT # F96000004796**

1. Entity Name  
**AXCELIS TECHNOLOGIES, INC.**



Principal Place of Business  
**55 CHERRY HILL DRIVE  
 BEVERLY, MA 01915-1053**

Mailing Address  
**55 CHERRY HILL DRIVE  
 ATTN: TAX DEPT.  
 BEVERLY, MA 01915-1053 US**

2. Principal Place of Business  
**108 CHERRY HILL DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**108 CHERRY HILL DRIVE**  
 Suite, Apt. #, etc.



05072004 Chg-P CR2E034 (10/03)

City & State  
**BEVERLY, MA**

City & State  
**BEVERLY, MA**

4. FEI Number  
**34-1818596**

Applied For  
 Not Applicable

Zip  
**01915**

Country  
**USA**

Zip  
**01915**

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOKER, GARY 55 CHERRY HILL DRIVE BEVERLY, MA 019151053	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTLER, ALEXANDER M 55 CHERRY HILL DRIVE BEVERLY, MA 019151053	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUMA, MARY 55 CHERRY HILL DRIVE BEVERLY, MA 019151053	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDIS, STEPHEN R 55 CHERRY HILL DRIVE BEVERLY, MA 019151053	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALLON, LYNETTE C 55 CHERRY HILL DRIVE BEVERLY, MA 019151053	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	108 CHERRY HILL DRIVE BEVERLY, MA 01915	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	108 CHERRY HILL DRIVE BEVERLY, MA 01915	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	108 CHERRY HILL DRIVE BEVERLY, MA 01915	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNETTE C. FALLON 108 CHERRY HILL DRIVE BEVERLY, MA 01915	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Lynette C. Fallon **LYNETTE C. FALLON**, Dec. 5/7/04 **978 787 4307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #