


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000004796 1. Entity Name AXCELIS TECHNOLOGIES, INC.	
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Principal Place of Business 108 CHERRY HILL DRIVE BEVERLY, MA 01915	Mailing Address 108 CHERRY HILL DRIVE ATTN: TAX DEPT. BEVERLY, MA 01915 US
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01042005 No Chg-P CR2E034 (10/03)

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4. FEI Number 34-1818596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	TOOKER, GARY
STREET ADDRESS	108 CHERRY HILL DRIVE
CITY-ST-ZIP	BEVERLY, MA 01915
TITLE	D
NAME	CUTLER, ALEXANDER M
STREET ADDRESS	108 CHERRY HILL DRIVE
CITY-ST-ZIP	BEVERLY, MA 01915
TITLE	D
NAME	PUMA, MARY
STREET ADDRESS	108 CHERRY HILL DRIVE
CITY-ST-ZIP	BEVERLY, MA 01915
TITLE	D
NAME	HARDIS, STEPHEN R
STREET ADDRESS	108 CHERRY HILL DRIVE
CITY-ST-ZIP	BEVERLY, MA 01915
TITLE	S
NAME	FALLON, LYNNETTE C
STREET ADDRESS	108 CHERRY HILL DRIVE
CITY-ST-ZIP	BEVERLY, MA 01915
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lynnette Fallon Date: 2/9/2005 Daytime Phone #: 978-787-9977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR