

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90010 041 ***150.00

DOCUMENT # F96000004796

1. Entity Name
AXCELIS TECHNOLOGIES, INC.

Principal Place of Business 1111 SUPERIOR AVE. CLEVELAND OH 44114	Mailing Address 1111 SUPERIOR AVE. ATTN: TAX DEPT. CLEVELAND OH 44114 US
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00001000

2. Principal Place of Business 55 Cherry Hill Drive	3. Mailing Address 55 Cherry Hill Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: Tax Dept.



DO NOT WRITE IN THIS SPACE

City & State Beverly, MA	City & State Beverly, MA	4. FEI Number 34-1818596	Applied For <input type="checkbox"/> Not Applicable
Zip 01915-1053	Country USA	Zip 01915-1053	Country USA
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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BACHMAN, BRIAN R 1111 SUPERIOR AVE. CLEVELAND OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Bachman, Brian P. 55 Cherry Hill Drive Beverly, MA 01915-1053 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTLER, ALEXANDER M 1111 SUPERIOR AVE. CLEVELAND OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cutler, Alexander M. 55 Cherry Hill Drive Beverly, MA 01915-1053 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNGER, PETER R 1111 SUPERIOR AVE. CLEVELAND OH 44114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Puma, Mary 55 Cherry Hill Drive Beverly, MA 01915-1053 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PARMENTER, ROBERT E 1111 SUPERIOR AVE. CLEVELAND OH <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP T McKelvey, Paul R. 55 Cherry Hill Drive Beverly, MA 01915-1053 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDIS, STEPHEN R 1111 SUPERIOR AVE. CLEVELAND OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hardis, Stephen R. 55 Cherry Hill Drive Beverly, MA 01915-1053 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FRANKLIN, EARL R 1111 SUPERIOR AVE. CLEVELAND OH 44114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Fallon, Lynette C. 55 Cherry Hill Drive Beverly, MA 01915-1053 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 719.07(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul R. McKelvey **26 April 2001** 978-787-4307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)