


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F0000003731	
1. Entity Name CYMER, INC.	

Principal Place of Business 17075 THORN MINT CT. SAN DIEGO, CA 92127	Mailing Address 17075 THORN MINT CT. SAN DIEGO, CA 92127
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DO NOT WRITE IN THIS SPACE

04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 33-0175463	Applied For 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 S. PINE ISLAND RD.
 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, 2008 Fee will be \$550.00

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

U00000914640
 05/08/08-80064-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WERNER, RAE A 17075 THORN MINT COURT SAN DIEGO, CA 921271712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO BROWN, EDWARD 17075 THORN MINT CT SAN DIEGO, CA 921271712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO AKINS, ROBERT 16750 VIA DEL CAMPO COURT SAN DIEGO, CA 921271712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPO BAKER, NANCY 17075 THORN MINT COURT SAN DIEGO, CA 921271712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rae A. Werner VP Date 858-385-6304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #