

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005800

FILED
Mar 19, 2008
Secretary of State

Entity Name: TOMOTHERAPY INCORPORATED

Current Principal Place of Business:

1240 DEMING WAY
MADISON, WI 537171954

New Principal Place of Business:

Current Mailing Address:

1240 DEMING WAY
MADISON, WI 537171954

New Mailing Address:

FEI Number: 39-1914727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: RECKWERDT, PAUL J
Address: 1240 DEMING WAY
City-St-Zip: MADISON, WI 537171954

Title: V () Delete
Name: HUGHES, JOHN H
Address: 1240 DEMING WAY
City-St-Zip: MADISON, WI 537171954

Title: V () Delete
Name: BUROKER, KENNETH D
Address: 1240 DEMING WAY
City-St-Zip: MADISON, WI 537171954

Title: T () Delete
Name: HATHAWAY, STEPHEN C
Address: 1240 DEMING WAY
City-St-Zip: MADISON, WI 537171954

Title: CD () Delete
Name: MACKIE, T. ROCKWELL
Address: 1240 DEMING WAY
City-St-Zip: MADISON, WI 537171954

Title: D () Delete
Name: ROBERTSON, FREDERICK
Address: 1240 DEMING WAY
City-St-Zip: MADISON, WI 537171954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHAWN D. GUSE

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03/19/2008

Electronic Signature of Signing Officer or Director

Date