

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
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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DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1818596	Applied For Not Applicable
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

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IN THIS SPACE**

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 _____

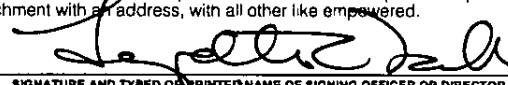
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLECHER, JOHN R 108 CHERRY HILL DR BEVERLY, MA 01915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, BRIAN 108 CHERRY HILL DR BEVERLY, MA 01915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUMA, MARY 108 CHERRY HILL DRIVE BEVERLY, MA 01915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDIS, STEPHEN R 108 CHERRY HILL DRIVE BEVERLY, MA 01915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALLON, LYNNETTE C 108 CHERRY HILL DRIVE BEVERLY, MA 01915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/15/07-80042-022 150.00

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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Lynnette C. Fallon, Secretary

4/23/07 978-787-4120
Date Daytime Phone #