

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *paper for*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 NOV 16 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P19839*

1. Corporation Name

*Bell & Howell Imaging Company*

2. Principal Office Address

*8600 Bryn Mawr*

3. Mailing Office Address

Suite, Apt. #, etc.

*8th Floor*

Suite, Apt. #, etc.

City & State

*Chicago, IL*

City & State

Zip

*60631*

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*6-27-88*

5. FEI Number

*36-3580101*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*CT Corporation System*

Street Address (P.O. Box Number is Not Acceptable)

*1200 S. Pine Island Road*

Suite, Apt. #, Etc.

City

*Plantation*

State  
**FL**

Zip Code

*33324*

*300004696113--9*

*-11/28/01--01012--027*

*\*\*\*750.00 \*\*\*150.00*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Claudia L. Saar*  
REGISTERED AGENT MUST SIGN

**Claudia L. Saar**  
Asst. Secretary

Date

*11/15/01*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	<i>See Attached</i>		

REINSTATEMENT *01* *18*

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*William G. Love*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-01

Date

*(716) 781-5039*

Daytime Phone #

CR2001 (9/00)

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**CustomerFirst service & support, Inc.  
Eastman Kodak Company  
(Formerly Bell & Howell Imaging Company)  
FEIN# 36-3580101  
LIST OF OFFICERS & DIRECTORS**

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
Dolores K. Traxler c/o Eastman Kodak Company 343 State Street Rochester, New York 14650-0904	President
Martin H. Evans CustomerFirst service & support, Inc. 3400 West Pratt Avenue Lincolnwood, IL 60712	Vice President
Steven D. Kasiske c/o Eastman Kodak Company 343 State Street Rochester, New York 14650-0904	Vice President, Finance
William G. Love c/o Eastman Kodak Company 343 State Street Rochester, New York 14650-0904	Treasurer
Joyce P. Haag c/o Eastman Kodak Company 343 State Street Rochester, New York 14650-0904	Secretary & Director
Laurence L. Hickey c/o Eastman Kodak Company 343 State Street Rochester, New York 14650-0904	Assistant Secretary

