


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90451 009 ***150.00

DOCUMENT # 819239
 1. Entity Name
EASTMAN KODAK COMPANY



Principal Place of Business
**343 STATE STREET
 ATTN. CORPORATE TAX DEPARTMENT
 ROCHESTER, NY 14650-0904 US**

Mailing Address
**3414 N DUKE ST, 1ST FL, ATTN: TAX DEPT
 DURHAM, NC 27704 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04172006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
**CT. CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

4. FEI Number
16-0417150

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO BRUST, ROBERT 343 STATE ST ROCHESTER, NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P / CEO PAREZ, ANTONIO M <input checked="" type="checkbox"/> Delete 343 STATE ST ROCHESTER, NY 14650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input checked="" type="checkbox"/> Delete CARP, DANIEL A 343 STATE ST ROCHESTER, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete MORLEY, MICHAEL 343 STATE STREET ROCHESTER, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete QUINN, JAMES M 343 STATE ST ROCHESTER, NY 14650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete LOVE, WILLIAM G 343 STATE ST ROCHESTER, NY 14650

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P / CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Antonio M Perez 343 State St Rochester NY 14650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert L. Berman 343 State St. Rochester NY 14650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Laurence L. Hickey 343 State St Rochester NY 14650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sharon E. Underberg 343 State St Rochester NY 14650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles C. Barrantine 343 State St Rochester NY 14650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles S. Brown Jr. 343 State St Rochester NY 14650

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: Lynn W. Place Lynn W. Place 4/19/06 (919) 332-6479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

* see attached list*