2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# 819239

Entity Name: EASTMAN KODAK COMPANY

Current Principal Place of Business:

343 STATE STREET
ATTN. CORPORATE TAX DEPARTMENT
ROCHESTER, NY 146500904 US

New Principal Place of Business:

Current Mailing Address:

4020 STIRRUP CREEK DR
SUITE 100
DURHAM, NC 27703 US

New Mailing Address:

343 STATE STREET
ATTN. CORPORATE TAX DEPARTMENT
ROCHESTER, NY 146500904 US

FEI Number: 16-0417150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: VCFO ( ) Delete
Name: SKLARSKY, FRANK S
Address: 343 STATE ST
City-St-Zip: ROCHESTER, NY

Title: PCEO ( ) Delete
Name: PEREZ, ANTONIO M
Address: 343 STATE ST
City-St-Zip: ROCHESTER, NY 14650

Title: S ( ) Delete
Name: HICKEY, LAURENCE L
Address: 343 STATE ST
City-St-Zip: ROCHESTER, NY 14650

Title: AS ( ) Delete
Name: SHELLER, PATRICK M
Address: 343 STATE ST
City-St-Zip: ROCHESTER, NY 14650

Title: SRVP ( ) Delete
Name: BERMAN, ROBERT L
Address: 343 STATE ST
City-St-Zip: ROCHESTER, NY 14650

Title: T ( ) Delete
Name: LOVE, WILLIAM G
Address: 343 STATE ST
City-St-Zip: ROCHESTER, NY 14650

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CEO (X) Change ( ) Addition
Name: PEREZ, ANTONIO M
Address: 343 STATE ST
City-St-Zip: ROCHESTER, NY 14650

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: GOLDWYN LING D 04/25/2008

Electronic Signature of Signing Officer or Director — Date