

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819239

FILED
Apr 06, 2009
Secretary of State

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:

343 STATE STREET
ROCHESTER, NY 14650 US

Current Mailing Address:

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

New Mailing Address:

343 STATE STREET
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: CEO () 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: VP (X) Change () Addition
Name: JOHN, BLAKE JR
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:

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: LAWRENCE L HICKEY

S

04/06/2009

Electronic Signature of Signing Officer or Director

Date