

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90451 007 ***150.00

DOCUMENT # F00000000706

1. Entity Name
KODAK AMERICAS, LTD., INC.



Principal Place of Business

**8600 NW 17TH STREET
SUITE 200
MIAMI, FL 33126**

Mailing Address

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

2. Principal Place of Business

343 State Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rochester NY

City & State

Zip

14650

Country

Country

04172006

Chg-P

CR2E034 (11/05)

4. FEI Number

66-0216256

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **V** ☒ Delete
NAME **GER, EDDY**
STREET ADDRESS **343 STATE STREET**
CITY-ST-ZIP **ROCHESTER, NY 14650**

TITLE **P** ☒ Delete
NAME **PEREZ-CORDOVA, JORGE**
STREET ADDRESS **MARIANO OTERO 408**
CITY-ST-ZIP **GUADALAJARA, MEXICO, 45050**

TITLE **T** ☐ Delete
NAME **LOVE, WILLIAM G**
STREET ADDRESS **343 STATE STREET**
CITY-ST-ZIP **ROCHESTER, NY 14650**

TITLE **SD** ☐ Delete
NAME **HICKEY, LAURENCE L**
STREET ADDRESS **343 STATE STREET**
CITY-ST-ZIP **ROCHESTER, NY 14650**

TITLE **V** ☒ Delete
NAME **DE LA VEGA, RAFAEL**
STREET ADDRESS **CAMPO RICO AVE CORNER ST 246**
CITY-ST-ZIP **CAROLINA, PR, 00984**

TITLE **V** ☒ Delete
NAME **PARRA, ALFONSO**
STREET ADDRESS **CALLE 12C NRO. 76-49 ENT. 2**
CITY-ST-ZIP **BOGOTA, COLUMBIA,**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **Milton Maretti**
STREET ADDRESS **Rod Pres Dutra Km154.7**
CITY-ST-ZIP **SJ Campos, SP 12240-420**

TITLE **V** ☐ Change ☒ Addition
NAME **Martha Munera**
STREET ADDRESS **Calle 12 C, No. 76-49, Entrada 2**
CITY-ST-ZIP **Parque Industrial Alsacia Bogota, Colombia**

TITLE **V** ☐ Change ☒ Addition
NAME **Ronald Pels**
STREET ADDRESS **Costa Rica 5379**
CITY-ST-ZIP **Tortuguitas, Partido de Malvinas Argentinas**

TITLE **V** ☐ Change ☒ Addition
NAME **Ms. Blanca Ubinas**
STREET ADDRESS **Campo Rico Ave and 24th St**
CITY-ST-ZIP **Caroling PR 00984**

TITLE **V** ☐ Change ☒ Addition
NAME **Claudio Villarino**
STREET ADDRESS **Av. Presidente Eduardo Frei**
CITY-ST-ZIP **Montalva 9950 Quilic, Santiago CL**

TITLE **AS** ☐ Change ☒ Addition
NAME **Tonatiuh Roldan**
STREET ADDRESS **3003 Summit Blvd Ste 100**
CITY-ST-ZIP **Atlanta GA 30319**

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

Lynn W. Place

Date

4/19/06

Daytime Phone #

(919) 382-6479

*** See attached ***